

Start for Life 0 – 5 Years
Health Needs Assessment – March 2023



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Executive Summary

In Dudley, improving outcomes for infants, children and young people is a priority for both the Health and Wellbeing Board and the Dudley Health and Care Partnership Board. The partnership is committed to giving our infants the best start in life, by increasing support for families in the first 1001 days (F1001D) so that early experiences are positive, and support is provided early, to ensure that we are laying solid foundations for optimal health and wellbeing.

In 2010 the Marmot review¹ highlighted three reasons why good health, wellbeing and resilience are vital for all our children now and for the future of society

- inequalities in the early years have lifelong impacts,
- it is the period of life when interventions to disrupt inequalities, adopt positive behaviours and improve health are most effective,
- any interventions in the early years have been shown to be cost-effective and to yield significant returns on investment (ROI)²

This needs assessment refresh provides data and evidence to identify the current position and provides recommendations for the Dudley maternity and early years system so that our children are given the best start in life within a Child Friendly borough. It will also inform Dudley's plans for Family Hubs transformation and Start for Life investments (FH/SfL), priorities and focus.

Key Message

In Dudley children in deprived areas fall behind their peers at some point between 12 months and 2 years particularly in terms of communication and then remain behind at reception age. For those failing to catch up there is an evidence base that demonstrated a negative impact on future life prospects such as earning, mental health and wellbeing³ and we may expect to observe a negative feedback loop when these children go on to have families of their own. As brain development starts antenatally, this is an area where we can have a measurable impact, as improving Ages and Stages Questionnaire (ASQ) performance at 12 months should be a key outcome for all partners in the maternity and early years system.

Although cause and effect are difficult to determine, breastfeeding initiation and maternal/child obesity in Dudley North could be related. Indeed, there is good evidence that breastfeeding can cut the chances of a child becoming obese by up to 25%⁴. Additionally, a national study indicates that women with BMI over 25 are less likely to be exclusively breastfeeding at 6 weeks and 6 months post-partum compared with women of normal BMI. 67% of women with a BMI under 25 were exclusively breastfeeding at 6 weeks compared to 37% with a BMI over 25⁵. A focus therefore on maternal obesity and breastfeeding initiation in the Family Hub Network (FHN) may be beneficial.

¹ <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf>

² <https://pearl.plymouth.ac.uk/bitstream/handle/10026.1/14977/Improving%20the%20Early%20Learning%20Outcomes%20of%20Children%20Growing%20Up%20in%20Poverty%20-%20A%20Rapid%20Review%20of%20the%20Evidence.pdf?sequence=1&isAllowed=y>

³ https://www.savethechildren.org.uk/content/dam/global/reports/Submission_to_the_Life_Chances_Strategy1.pdf

⁴ Horta, BL, Rollins, N, Dias, MS, Garcez, V, Pérez-Escamilla, R. Systematic review and meta-analysis of breastfeeding and later overweight or obesity expands on previous study for World Health Organization. *Acta Paediatr.* 2022; 00: 1– 8. <https://doi.org/10.1111/apa.16460>

⁵ Marshall, N, Lau, B, Purnell, J, et al (2018). Impact of maternal obesity and breastfeeding intention on lactation intensity and duration. *Maternal & Child Nutrition*, doi.org/10.1111/mcn.12732

Our Vision

We will make a positive difference to the health and wellbeing of all infants, children and families, by ensuring we put the voices of the next generation at the heart of everything we do. We will work together with infants, children and parents in equal partnership, to make positive change happen.

We are all committed to a sustainable long-term impact on children's attainment, progress and social-behavioural development. The legacy of Child Friendly Dudley will shape the way we operate in the future by bringing the whole community together, to make a lasting difference to the lives of infants, children and young people in Dudley.

We will make it our business to make it everyone's business.

High Level Recommendations

1. We recommend sustainable investment in universal services to enable early identification and intervention to prevent families reaching crisis point. We endorse the "early in the life of the child, early in the life of the problem" approach.
2. We recommend a system wide commitment to integrated services in maternity and the early years which requires teams to work effectively together. This will require a "test and learn" approach to developing a workable model in Dudley.
3. We recommend an investment in our workforce to grow and keep our own. We will have an agreed set of maternity and early years workforce core competencies which will help inform a whole system workforce development plan.
4. We recommend a strategic commitment to improve system wide data capture and analysis for maternity and early years services. Data and intelligence must be used to inform all decision making.
5. We recommend an integrated approach to child development reviews that identifies and prioritises children at greater risk of poorer school readiness.
6. We recommend a strategic commitment to the development of father-inclusive practice*. This will require culture change and service transformation across the whole system (including the workforce) and should also benefit other co-parents.

In order to achieve the above, we will develop a set of agreed outcomes and measurable indicators to contribute to the 5 Year Strategy that we recommend follows this needs assessment. We will ensure that these are captured in the shared outcomes framework that is currently under development.

* In the development of this needs assessment the absence of data and intelligence on Dads and significant others was notable. Health and social care professionals should specifically and directly engage with fathers, rather than assuming they will reach them via mothers, during this vital period. The absence of Dads is considered indicative of a gap in both service delivery and in data collection /intelligence and has therefore been prioritised as a high-level recommendation. Evidence shows that fathers play a significant and influential role on health and wellbeing during the F1001 days and that their behaviours impacts both mothers and infants.⁶

⁶ Burges, A. (2015) Fathers in the First 1001 Days; 1-page briefing for MPs and other interested parties, summarising what the evidence says about fathers' importance in the period from conception to age 2 <http://www.fatherhoodinstitute.org/2015/why-dads-matter-in-childrens-first-1001-days/>

Introduction

The 2018 World Health Organisation (WHO) report: Nurturing care for early childhood development, identifies that “the period from pregnancy to age 3 is the most critical, when the brain grows faster than at any other time; 80% of a baby’s brain is formed by this age. This is a window of opportunity to lay a foundation of health and wellbeing whose benefits last a lifetime and carry into the next generation.”⁷

Actions at this age promote health, educational attainment, and life chances. Preventative, early intervention; early in the life of the child and in the life of the problem, is most effective. Babies do not survive in isolation therefore, to support children in the first 1001 days of life, it is vital that we “think family” and consider all factors impacting children from conception until their 2nd birthday.

Learning how to cope with adversity is an important part of healthy child development. When we are threatened, our bodies prepare us to respond by increasing our heart rate, blood pressure, and stress hormones, such as cortisol. When a young child’s stress response systems are activated within an environment of supportive relationships with adults, these physiological effects are buffered and brought back down to baseline. The result is the development of healthy stress response systems. However, if the stress response is extreme and long-lasting, and buffering relationships are unavailable to the child, the result can be damaged, weakened systems and brain architecture, with lifelong repercussions⁸.

Adverse experiences in early years increase the risks throughout life, from poor school experiences to mental illness in adolescent to criminal behaviour in adulthood. Adverse childhood experiences are a strong predictor of personal and societal challenges in adulthood. As laid out in the First 1001 Critical Days manifesto, the early years of a child’s life are a crucial time for laying the foundations of their emotional and physical wellbeing, social skills, and cognitive and linguistic development. Evidence has shown that forming a secure attachment with primary care givers helps a baby feel safe and secure. It is these relationships that build the emotional scaffolding to support early development⁹.

“The period from conception to age two is globally recognised as critical for building strong societies”.

Andrea Leadsom MP, 2021

The COVID-19 pandemic has placed additional burden on parents with evidence suggesting infants and children aged 0-5 being particularly vulnerable to the effects of lockdowns and scaling back of services. Physical health indicators including activity levels, sleep, vaccination coverage, and oral health are reported to be adversely affected in 0–4-year-olds since the beginning of the pandemic¹⁰. Maternal mental health has been adversely affected during the pandemic and further exacerbated

⁷ Cross Party Manifesto The 1001 Critical Days: The importance of conception to age two period. https://parentinfantfoundation.org.uk/wp-content/uploads/2019/09/1001-days_oct16_1st.pdf

⁸ <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

⁹ Cross Party Manifesto The 1001 Critical Days: The importance of conception to age two period. https://parentinfantfoundation.org.uk/wp-content/uploads/2019/09/1001-days_oct16_1st.pdf

¹⁰ Stanford, M., Davie, P., and Mulcahy J. (2021) Growing up in the Covid-19 pandemic An evidence review of the impact of pandemic life on physical development in the early years [www.growing-up-in-the-covid-19-pandemic-evidence-review-of-the-impact-of-pandemic-life-on-physical-development-in-the-early-years%20\(2\).pdf](http://www.growing-up-in-the-covid-19-pandemic-evidence-review-of-the-impact-of-pandemic-life-on-physical-development-in-the-early-years%20(2).pdf)

by widening inequalities within health and wider socio-economic systems¹¹. It is widely anticipated that outcomes for infants and children will deteriorate as a result, therefore it may be necessary to refresh the data presented in this needs assessment more frequently than the usual cycle.

Note: In this document the terms 'First 1,001 days' and 'Start for Life' are both used. These terms are synonymous and refer to the period from conception to 2-years of age.

Health Needs assessment

A needs assessment is a systematic way of finding the gaps between “what is” and “what should be” and prioritising what can be done to fill the gap and meet the need. It is a tool for change. It is a method for collecting information that is crucial for identifying what the most pressing problems are and for whom, guiding decision making and then serving as baseline data for determining how effective the recommendations were in meeting the needs and solving the problem¹².

The aim is to maximise the health gain from available resources by identifying appropriate services and priorities for commissioning. This needs assessment has identified the gaps in data and in service provision and consequently recommend necessary actions to achieve the desired conditions.

Scope of the Early Years Health Needs Assessment

A multiagency steering group was formed to develop the needs assessment. The following scope was agreed:

- The health of mothers and their babies during pregnancy and birth, as in line with the 1001-days policy including gestation at booking, preterm birth, low birth weight, smoking in pregnancy, healthy weight in pregnancy, infant feeding, healthy start vitamins, perinatal mental health and health protection. Also, the impact of pregnancy with low maternal age.
- Outcomes for children to include readiness to learn at 2 years and ready for school aged 5 years, with a focus on special educational needs and the impact of the home learning environment and early speech, language and communication skills.
- The health of infants and children during their early years including child development, infant feeding, obesity, oral health and vaccinations.
- Mortality including categorising child deaths, still birth, neonatal mortality, modifiable factors in infant mortality, and maternal mortality.
- Wider determinants of health to include adverse childhood experiences (ACES), early help, neglect and poverty to include homelessness.
- Child hospitalisations including A&E emergency department attendances, emergency hospital admissions and unintentional injuries.
- Service for families during the F1001D including midwifery, the health visitor service (to include Family Nurse Partnership - FNP*), early education and childcare, and children open to children and family services and safeguarding.

* FNP is a home-visiting programme for young mothers expecting their first child, delivered by highly trained and supervised nurses or midwives. It has three goals: 1) to improve pregnancy health and

¹¹ Papworth, R., Harris, A., Durcan, G., Wilton, J., and Sinclair, C., (2021) Maternal Mental Health During a Pandemic; A rapid evidence review of Covid-19's impact

https://maternalmentalhealthalliance.org/wpcontent/uploads/CentreforMH_MaternalMHPandemic_FullReport.pdf

¹² Watkins, R., West Meiers, M. and Visser, Y. (2012) *A Guide to Assessing Needs*. The World Bank. Available at: <https://doi.org/10.1596/978-0-8213-8868-6>.

behaviours; 2) to improve child health and development by helping parents provide responsible and competent care; and 3) to improve economic self-sufficiency by helping parents plan for their own and their baby's future.

Out of scope:

We attempted to cover all areas which affect the health and wellbeing of the majority of children from conception to preschool. We have excluded specialist health, education and social services as these will be required for particular cohorts of children. However, there is a paucity of data in some areas, and we accept some of the wider determinants of health, including environment, housing and employment were outside of the scope of this needs assessment. We hope that this assessment draws attention to the interplay between the health and wellbeing of parents and that of our youngest citizens.

Whilst there were no areas determined as out of scope for this health needs assessment there is an acknowledgement that we do not have robust data in all areas, this impacts our ability to make recommendations in these areas, as a few extreme values can affect the observed results. Our access to maternity services data is currently limited to those women who access care through Dudley Group NHS Foundation Trust (DGFT). We are also limited by the lack of ability to link records across multiple data systems such as health and education, which would allow us to build a more complete picture of needs in the early years.

The needs of children aged 5 – 19 years have been considered separately.

In addition Dudley Council has commissioned a 'Growing Up in Dudley' qualitative research project designed to capture the stories, views and experiences of children, parents and families across the Borough from conception to adulthood. This project will conclude by the end of 2023 and will provide valuable maternity and early years whole-system insights across all five townships of the Dudley Borough, with a particular focus on areas with higher needs, deprivation and potential digital poverty.

Key themes

The following key themes were identified

1. Whilst it is important to improve outcomes for all infants, children and young people in Dudley, it is necessary to focus on those experiencing the worst outcome first. Table 1 demonstrates the inequalities in outcomes within the first 3 years of life and easily identifies the areas where we must focus our attention first - based on Family Hub Networks.
2. We are seeing an increasing complexity of needs amongst young children and their families. Services will need to adapt to new models of working to keep in line with increasing numbers and greater health inequality which have been compounded since COVID-19.
3. Poverty is a critical factor for all services and targeted effort needs to take place in deprived areas to improve access and equity in service provision. Mitigating the impact of poverty on early childhood must be an integral part of the Dudley system poverty workstream.
4. There are new opportunities to increase the role of early intervention and prevention through the FH/SfL programme.
5. There are key health promotion issues for all services and wider partners to embed into ways of working and interactions with expectant or new parents – including smoking, healthy diet, and vaccinations.

Table 1 – Health Inequalities in under 3's by Family Hub Network Area

Indicator	Unit	Time Period	Brierley Hill	Dudley Central	Dudley North	Halesowen	Stourbridge	Dudley Borough
Low Birth Weight %	Proportion (%)	2017-21	3.0%	4.2%	3.1%	3.6%	2.9%	3.4%
Infant Mortality Rate	Crude Rate per 1,000	2012-21	4.7	5.0	4.9	3.7	3.7	4.4
Hospital Admissions Age 0-4	Crude Rate per 1,000	2017-18 to 2021-22	110.6	124.7	83.9	96.1	97.1	101.2
Hospital Admissions Due to Injuries Age 0-4	Crude Rate per 1,001	2017-18 to 2021-22	7.3	10.0	7.2	7.4	7.1	7.7
A&E Attendances Age 0-4	Crude Rate per 1,000	2017-18 to 2021-22	518.8	605.5	491.4	430.2	414.8	492.1
Smoking at Time of Delivery	Proportion (%)	2022	8.7%	11.7%	10.5%	7.4%	7.3%	9.3%
Baby's First Breastmilk	Proportion (%)	2022	54.1%	47.7%	*41.4%	52.8%	57.0%	50.3%
Maternal Obesity - % of Women Classified as Obese at Booking (BMI > 30)	Proportion (%)	2022	28.7%	29.9%	*32.7%	30.8%	22.8%	29.3%
Good Level of Development at 12 Months (ASQ)	Proportion (%)	2021	75.3%	77.5%	75.2%	73.8%	71.5%	74.8%
Good Level of Development at 2 - 2 1/2 Years (ASQ)	Proportion (%)	2021	83.8%	81.5%	83.8%	84.0%	88.1%	84.0%
Children in Relative Low-Income Families	Proportion (%)	2020-21	24.1%	33.1%	27.6%	21.0%	18.8%	25.3%
Reception Children Overweight or Obese (NCMP)	Proportion (%)	2016-17 to 2021-22	22.2%	26.3%	*30.0%	24.6%	24.3%	25.5%
School Readiness: Good Level of Development Reception Age	Proportion (%)	2022	60.5%	53.4%	62.3%	69.3%	60.6%	61.2%
School Readiness: Expected Level of Development Communication and Language	Proportion (%)	2023	76.7%	71.4%	72.6%	82.0%	75.3%	75.6%

Further Recommendations

A multi-agency steering group prioritised 6 high level recommendations using a multi criteria decision analysis and developed a vision for the maternity and early years system in Dudley (Page 8).

In addition, throughout the body of the document there are topic or service specific recommendations that have been highlighted in **bold**. The majority of these are captured in the FH/SfL delivery plan but **it is recommended that an exercise is undertaken to assign those that are not, to an Action Plan that sits below the 5 Year Strategy that follows this needs assessment.**

It is also recommended that a summary document is produced for each Family Hub Network to allow for more detailed analysis to inform practice.

We also recommend that following approval by Dudley's Infant, Children and Young Peoples Board, this needs assessment is shared with all Strategic Boards in Dudley to gain their commitment to the high-level recommendations and the subsequent Action Plan.

In addition, we suggest that the following recommendations should be put to the Black Country Integrated Care Board (BC ICB) for consideration.

1. An evidence-based implementation plan is required on a regional footprint to tackle the high rate of perinatal and infant mortality in the West Midlands.
2. A whole-system maternity and Early Years joint commission approach is needed to meet the requirements of the FH/S4L programme, in particular regard to speech, language and communication and in parent-infant emotional wellbeing provision. The latter should be supported by an infant mental health needs assessment for the Black Country. This will help in anticipating the likely increase in demand for (level 3) specialist parent-infant expertise by informing longer-term investment and service planning for the Black Country.
3. Workforce pressures need to be address across the system on a Black Country Integrated Care Board footprint.
4. Planned integration of services should include data sharing/ IT harmonisation between organisations.
5. National Health Service England (NHSE) / BC ICB colleagues need to be involved in commissioning services to increase uptake of vaccinations and prevention work, particularly in maternity services.

Population Profile

Dudley has a population of 322,363 (May 2022), living in an area of 38 sq. miles of which is covered by five Family Hub Networks based in each of the five townships of Brierley Hill, Dudley Central, Dudley North, Halesowen and Stourbridge. Locally, the Joint Strategic Needs Assessment (JSNA) analyses the current and future health and wellbeing needs of the population. Figure 2 on the following page gives a visual representation of facts and figures about the 72,875 children aged 0- 18 who live in Dudley.

0–5-year-olds and their families in numbers:

In 2021 there were 3,349 live births where the mother was resident in Dudley. This is slightly below the 10-year average of approximately 3,660 between 2012 and 2021. According to the 2021 Census there were 22,000 children aged 0 to 5 residents in Dudley. The Family Hub Network area with the largest number of children aged 0 to 5 is Dudley Central where there are 4,872 children of that age.

48.6% of children aged 0 to 5 in Dudley are female.

82.4% of the Dudley population identified their ethnic group as White English / Welsh / Scottish / Northern Irish / British, compared to 88.5% in Census 2011. The next largest ethnic groups are Pakistani with 4.6% of the population (3.3% in Census 2011), Indian with 2.4% (1.8% in 2011) and Other White with 1.9% (1% in 2011). Statistics are not yet available from the 2021 Census for the ethnicity breakdown of the 0 to 5 age group. Dudley School Census 2022 data showed that 76.8% of children at reception age were White British with the next most common ethnic group being Asian/Asian British (10.6%) followed by Mixed/multiple ethnic groups (8.1%)

Figure 1 - Percentage of population by broad ethnic group, Census 2021 by FHN area

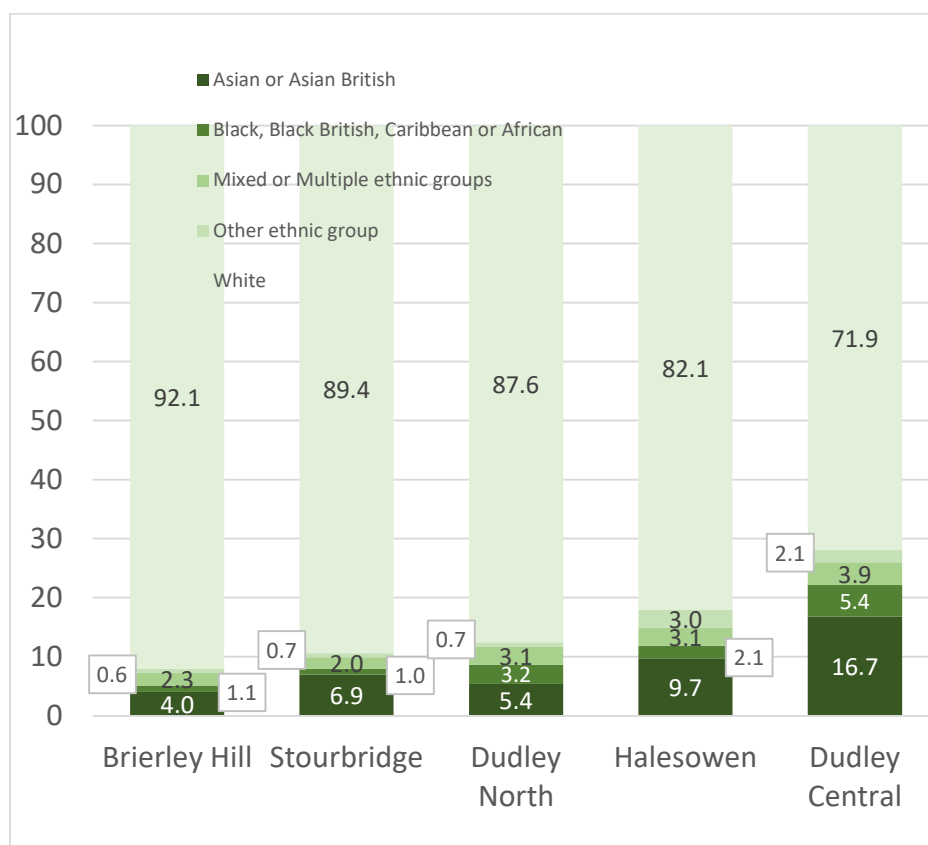


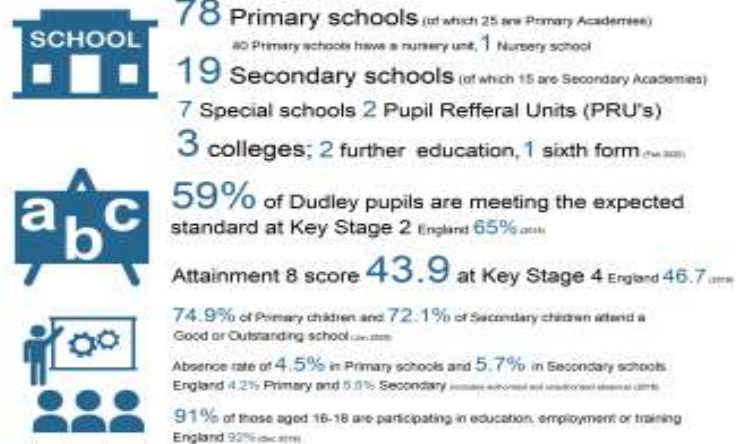
Figure 2 – Children in Numbers

Children in numbers

Population Aged 0-18 72,875...



Education



Ethnicity



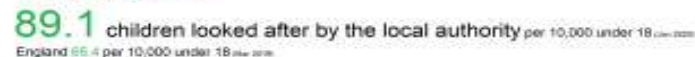
Income Deprivation



Health



Social Care



Dudley ...the historic capital of the Black Country



The Dudley Central Family Hub Network is the area with the largest number and proportion of population not identifying as white British in the 2021 Census. According to the Dudley School Census 59.0% of reception pupils identified as White British in the Dudley Central Family Network Area and 23.3% identified as Asian/Asian British.

Figure 3 - Number of populations by broad ethnic group, Census 2011 by FHN area

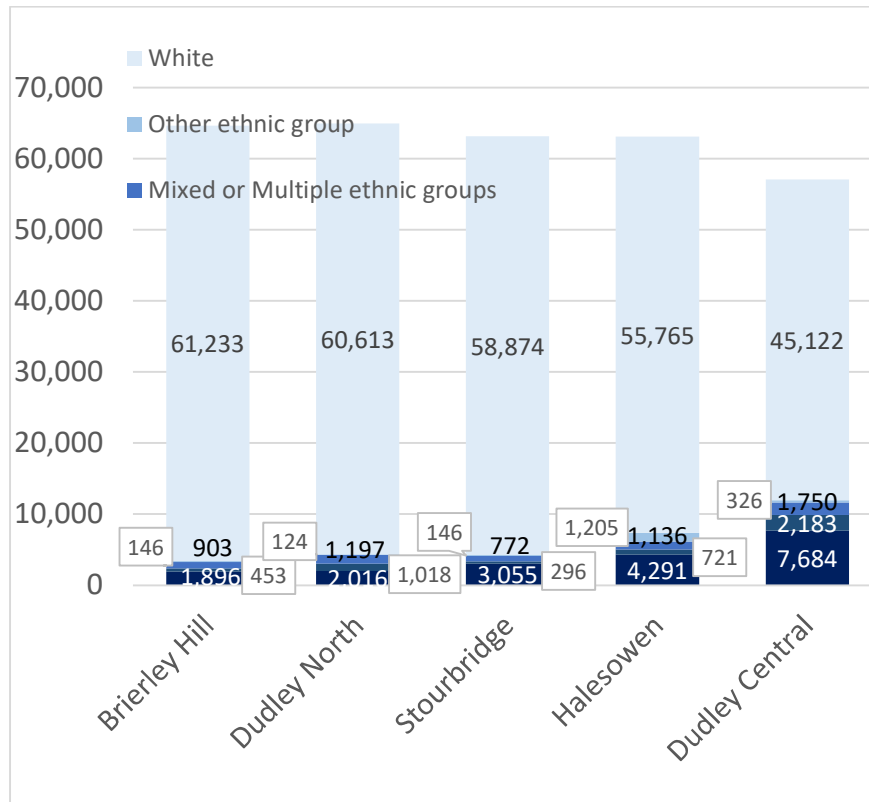


Figure 4 - % of population from Non-White: English, Welsh, Scottish, Northern Irish or British ethnic groups by FHNA

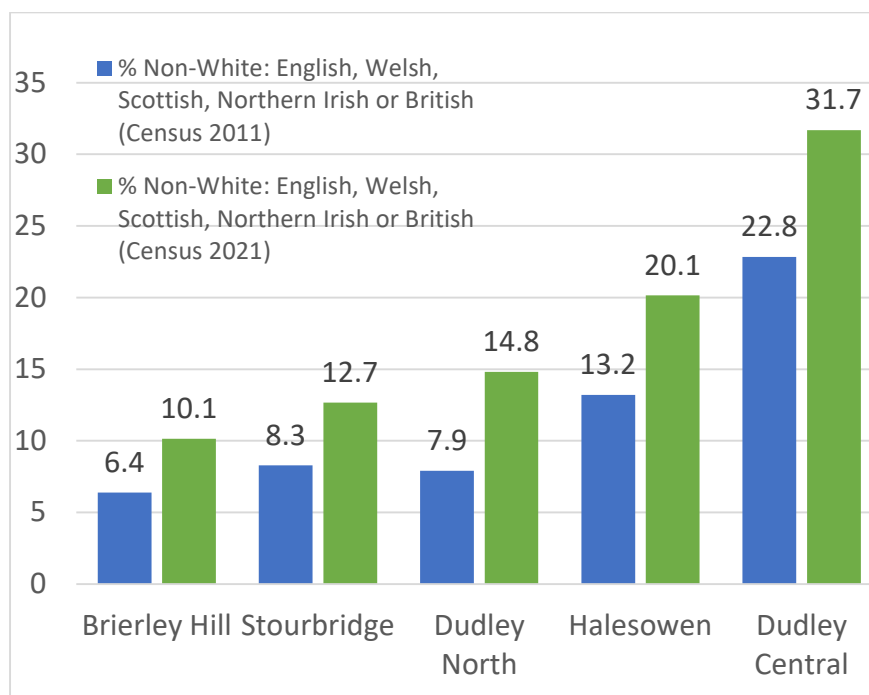


Figure 5 - % of households that have no people with English as a main language, by FHN area

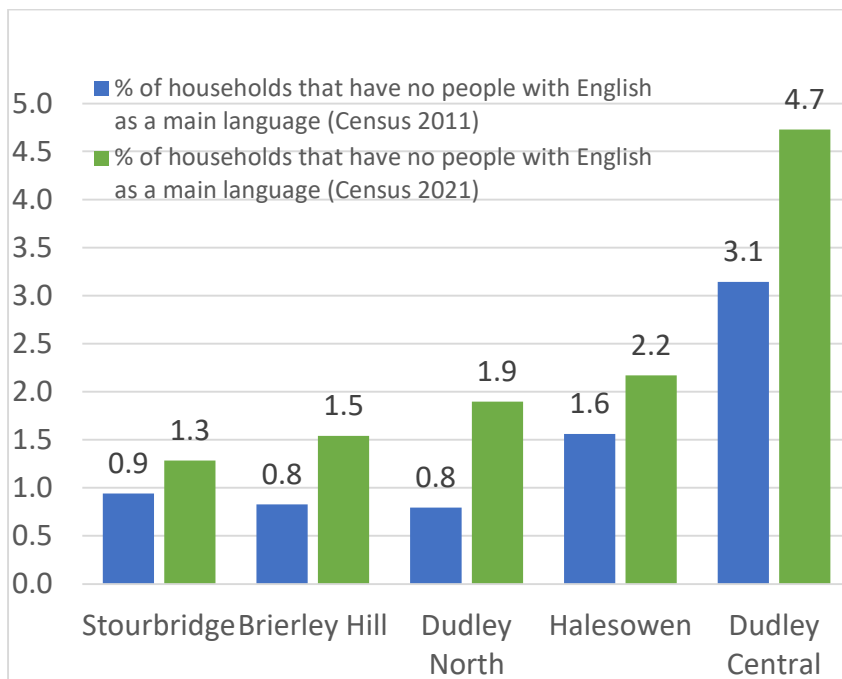
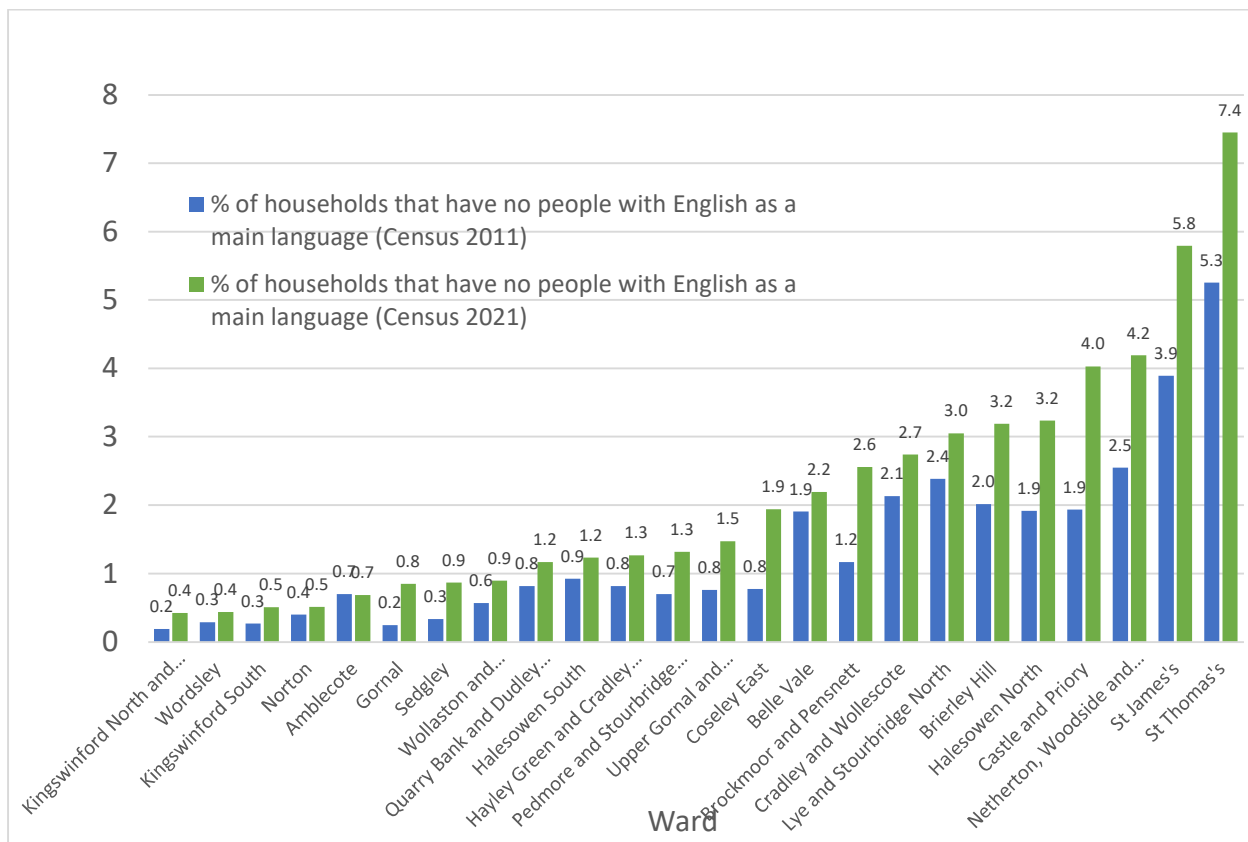


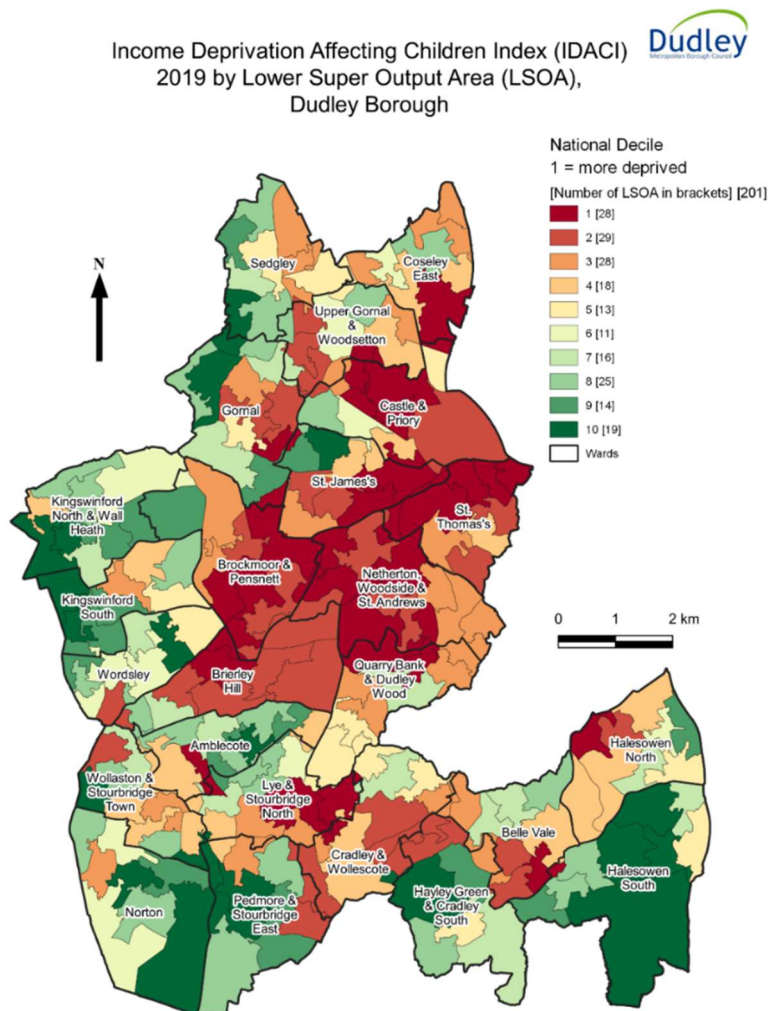
Figure 6 - Percentage of households that have no people with English as a main language, by Ward



Inequalities exist both between ethnic minority groups and the white population as well as across different ethnic communities themselves. There is national evidence of ethnic inequalities in healthcare - in particular maternity and mental health. Family Hub Networks need to feel empowered to tackle inequalities together head on.

According to the Income Deprivation Affecting Children Index (IDACI) 2019 28 Lower Super Output Areas (LSOAs) fall in the 10% of most deprived areas in England. These are mostly in the Dudley Central and Brierley Hill Family Hub Network areas (see Figure 3 below) although there are pockets of deprivation in other areas such as Wrens Nest (Castle & Priory Ward) and Wallbrook (Coseley East Ward) in Dudley North, Lye (Lye & Stourbridge North Ward) in Stourbridge Family Hub Network Area, and Halesowen Town (Belle Vale Ward) and Shell Corner (Halesowen North Ward) within Halesowen Family Hub Network Area. There is therefore an increasing demand for interpreting provision in Central Dudley.

Figure 7 – Most Deprived Family Hub Networks in Dudley



Source: Indices of Deprivation 2019, MHCLG
Produced by: Intelligence Team, Dudley MBC, 2019
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Current Position: what do we currently know about the outcomes for Dudley children?

We are in line with national and/or regional rates in the following areas:

Mortality

Rates of stillbirth, neonatal and infant mortality in Dudley are in line with the England average. However, the government's ten-year target to half perinatal mortality by 2025 is likely to be missed. In common with other West Midlands Local Authority areas, infant mortality appears to be increasing.

Poverty

One in five children in Dudley live in absolute low-income families. This is similar to the West Midlands and well above the national average. One in four children live in relative low-income families. The trend in child poverty is increasing, in line with the national picture.

Maternity

Three quarters of expectant mothers are booked by maternity services before ten weeks gestation. One on six babies born in Dudley are born to mothers from Black and minority ethnic groups. Around 15% of mothers smoke in early pregnancy, falling to around one in ten at the time of birth. The proportion of babies born prematurely, or with low birth weight is average for England. Six out of every ten babies are breastfed at birth, which is similar to the national rate.

Parental and Infant Mental Health

Based on national prevalence, around 10% of new parents will experience anxiety and depression during pregnancy or within the first year of their baby's life. It is fundamental that early relationships are supported as this can affect infant mental health. Estimations reveal that between 10-25% of young children experience disorganised attachment which can lead to poor social, emotional and educational outcomes.

Young parents

Rates of conception and birth to teenagers is similar to England, with falling numbers of teenage parents.

Children who are looked after

In 2021, 621 children were in the care of the local authority. This is similar to the rate for the West Midlands, but much higher than the national rate.

We do worse than national and / or regional rates in the following areas:

Health improvement

The prevalence of breastfeeding at 6-8 weeks in Dudley is 43.5%, which is significantly worse than the national average.

In 2019/20, the prevalence of obesity in reception in Dudley was 12.3% which was significantly higher than the England average

Child Development

72% of children aged 2-2 ½ in Dudley achieved a good level of development compared to 82.9% of children nationally.

Two thirds of 5 years olds in Dudley achieved a Good Level of Development (GLD) at the end of reception. This is significantly below both regional and national values.

We do better than national and / or regional rates the following areas:

Health protection

Uptake of routine childhood vaccines in is better than the English average for all vaccines. However, this is falling in line with national data.

Health care

Around 20% of five-year-olds have one or more missing, filled, or decayed teeth, though the number of affected teeth is lower than the national average.

Around 5% of children aged between birth and four years are admitted to hospital as an emergency each year. This is significantly lower than other local authorities.

Whole System Maturity and Needs

Dudley Borough is committed to a coordinated approach of sector-led improvement (SLI) across maternity and the early years. This journey of improvement is based on a culture of collaboration, transparency, shared responsibility, good practice evidence, constructive challenge, critical friend support and joint learning.

As part of this work, a number of self-assessment exercises have been undertaken, using standardised SLI tools to help benchmark system maturity and evaluate the journey of change.

Maternity & Early Years Maturity Assessment

In 2019, Dudley participated in the Early Years Transformation Academy (EYTA), run by the Early Intervention Foundation (EIF). This brought together system and service leads from across the local authority, health and education with a clear mandate to work together on system improvements. This involved self-evaluation, using the EIF's standardised 'Maternity & Early Years Maturity Matrix.'

A re-assessment of maturity was conducted in 2023 by multi-sector partners - following COVID and the change of several strategic leads. This showed a slight increase in the number of domains scored at a 'basic' level. As shown in Table 2 below, there was a 47% increase in maturity scores. However, 33% of scores had decrease, and 20% had remained unchanged.

Table 2 - Dudley Maternity and Early Years Maturity Matrix Scores 2019 & 2023

Dudley Maternity and Early Years Maturity Matrix Scores 2019 & 2023			
Key Elements	2019 Maturity Scores	2023 Merged	Direction
1. Strategy	2	2.25	↑
	2	2.25	↑
2. Commissioning	2	1	↓
3. Workforce planning	1	2	↑
4. Partnership	2	2.25	↑
5. Leadership	2	3	↑
6. Community ownership	2	2	↔
7. Services & interventions	3	1	↓
	2	2	↓
8. Information & data	2	2	↑
	2.5	1	↑
9. Outcomes	1	2	↔
	2	1	↔
10. Using & generating evidence	2.5	2	↓
	2	2	↓
Total score	30	27	↓

Key: Maturity rating	
Basic level	1
Early Progress	2
Substantial Progress	3
Mature	4

Key assessment findings:

- There is a joined-up approach to strengthening the maternity and early years system, with agreed commitment from Dudley's Health and Care Partnership Board to prioritise a F1001D Programme.
- FH/SfL funding has helped to accelerated momentum - with the injection of additional funding and a tight timeframe to achieve minimum requirements that match F1001D programme commitments.
- There is whole system commitment to the development of integrated maternity & early years teams and services within and across Dudley's planned Family Hub Network. This includes the need to look at integrated data systems and information sharing. It is crucial that this integration is sustained beyond the FH/SfL funding period (31 March 2025).
- Whilst there is a shared commitment and language within Dudley, there is a need for consistency across the Black Country. The ICB has recently formed, and the Local Maternity & Neonatal System (LMNS) needs to proactively align its work with FH/SfL developments; to build consistency, shared workforce development opportunities and economies of scale across the four Black Country areas.
- Dudley's maternity and early years system is over-stretched due to capacity and staffing issues, with COVID creating a 'perfect storm' of increased service demand. Health visiting and midwifery services are under particularly strain due to significant national and regional shortages of qualified staff, a shrinking recruitment pool and stubborn vacancies. Health visitors are an aging workforce - with increased retirements and long-term sickness.
- These system pressures have impacted service quality by created stresses between services and increased silo working - which risks weakening communication and continuity, duplicating effort and missing opportunities for support.
- Dudley currently has a complicated and confusing commissioning landscape which has hampered progress in advancing joint commissioning and the pooling of budgets. There is a need to work with the BC ICB and local system partners to resolve this commissioning fragmentation.
- The universal ethos that underpinned Childrens Centres was not maintained in Dudley and recent mapping reinforces 2019 findings that there are resulting gaps in *very early* intervention support for families. The FH/SfL programme will build a core group of Family Hub Practitioners to help address this gap.
- There are a number of maternity and early years support pathways that need further strengthening. Mapping indicates that priority needs to be given to improving the whole system: (a) speech, language and communication pathway and (b) parent and infant emotional wellbeing pathway (as agreed by the Health & Care Partnership in April 2022).
- Co-production processes and activities with F1001D parents and carers are immature in Dudley. There is also a need to further develop and increase peer support capacity across the system. The FH/SfL programme aims to increase the maturity of these two areas.
- Local service information for families in the F1001D is fragmented. Also, following COVID, professionals report not being up to date or having limited time to investigate support assets across Dudley Borough. The FH/SfL programme requires Dudley to have a published Start for Life offer and a one-click whole-system platform of local F1001D service information.

Speech, Language and Communications (SLC) Maturity Assessment

In 2018, Dudley used the Early Intervention Foundation ‘Speech, Language & Communications in Early Years’ mapping tool to benchmark local whole-system maturity. This mapping was undertaken as part of the Black Country Early Outcomes Project (funded by DfE), which focused on a system-wide approach to tackling early years SLC needs. Unfortunately, this project and its outcomes were significantly affected by COVID.

In October 2022, following COVID and a change in several key leaders and stakeholders, a multi-agency exercise was undertaken to reassess Dudley’s maturity against 2018 benchmarking. This shows Dudley has a level of ‘basic’ or ‘early’ maturity for the majority of elements reviewed (see Table 2 below).

The re-assessment exercise has helped to clarify priorities requiring action. Some of these priorities are also addressed within the FH/SfL early language and home learning environment ‘minimum’ requirements and ‘go further’ ambitions.

Table 3 – Dudley Speech Language and Communication Maturity Assessment Scores 2018 & 2022

Dudley SLC Maturity Assessment Scores 2018 & 2022

Key Elements	2018 Maturity Scores	2022 Maturity Scores	Direction
1. Strategy	2	3	↑
2. Commissioning	2	1	↓
3. Workforce planning	1	2	↑
4. Partnership	1	2	↑
5. Leadership	2	3	↑
6. Community ownership	1	1	↔
7. Services & interventions	2	2	↔
8. Information & data	2	1	↓
9. Outcomes	2	1	↓
10. Using & generating evidence	2	2	↔
Total score	17	18	

Key: Maturity rating	
Basic level	1
Early Progress	2
Substantial Progress	3
Mature	4

Some areas identified as requiring early action:

- A whole-system SLC vision and pathway to increase a shared responsibility for SLC improvements across integrated services and stakeholders.
- The embedding of a whole-system SLC needs identification / tool, used consistently across all EY services and settings.
- The establishment of a whole-system 0-4 SLC needs monitoring and data capture system to help inform services and pathway planning.
- To grow joint or integrated commissioning arrangements to strengthen the whole-system SLC pathway.
- Secure SLC 'coach, consult, co-work' arrangements within Dudley's Family Hub Network and integrated teams (with the embedding of Speech and Language Teams into the Family Hub offer).
- To establish an agreed set of local early years core competencies for SLC - based on Communication Trust's SLC Framework.
- Undertake whole-system SLC training needs analysis and workforce development planning.
- Build equal partnership with parents (to strengthen whole-system SLC pathways) through meaningful co-production approaches.
- Map, harness and publicise community assets that promote SLC - linked into Dudley's Family Hub Network.
- Develop parent champions / peer to peer approaches for SLC – linked to Family Hub integrated teams.
- Harness Family Hub Network partners to publicise and encourage increased take up of Time for Twos places.
- Develop digital SLC and home learning environment information sharing through Dudley's planned Start for Life one-click platform and via social media channels.
- Co-produce a stepped (bronze, silver, gold) integrated 2-2.5 yrs. review process, whereby those children at greatest risk of poorer school readiness receive a more comprehensive integrated assessment and intervention inputs.

Parent & Infant Emotional Wellbeing (PIEW) Maturity Assessment

Between July-September 2022, a Mums & Babies in Mind (MABIM) mapping tool (developed by the Maternal Mental Health Alliance) was used to map whole-system parent and infant mental health support in Dudley Borough against national standards.

This mapping process was undertaken through five team meetings, nine focus groups with professional stakeholders, two engagement events with F1001D parents, and a multi-agency workshop (included 67+ participants).

The assessment highlighted some immaturities in whole-system perinatal mental health and parent-infant relationship support - particularly in meeting mild-moderate need. The overall MABIM maturity score was 2 out of 5: "A few of these things are true" for Dudley Borough. (See details in Table 4 below).

Table 4 – Dudley PIEW Maturity using MABIM Mapping Tool - 2022

Overall Rating **2**

Care Pathway	2	General Practitioners	2	Community and Children's Services	2
Clinical and Commissioning Networks	2	Health Visitors	2	Infant Mental Health	2
Workforce Training and Development	1	Family Nurse Partnership	4	Information and support for dads/partners	2
Commissioning	1	Specialist Perinatal Mental Health Services	2	Third Sector	2
Maternity Services	2	Adult Mental Health Services & CAMHS	2		

KEY

- 0 = None of this is true in my area.
- 1 = One or two of these things are true in some areas.
- 2 = A few of these things are true.
- 3 = We are doing many of these things but we don't know if they are working.
- 4 = We are doing many of these things and are confident in the quality.
- 5 = We are doing all of these things well.

Some areas of lower maturity and need for action:

- A need for the LMNS and/or the BC ICB to:
 - establish a Black Country strategic forum focused on whole-system perinatal mental health and parent-infant relationships.
 - complete an infant mental health needs assessment and strategy to help define future infant mental health / parent-infant relationship provision (including psychotherapy / psychodynamic expertise).
 - recognise the likely future increase in demand for tier 3 expertise, following FH/SfL funding investments in level 1 and 2 skills development, improved identification and provision of evidence-based interventions.
- A need to have a joint commissioning strategy and arrangements for commissioners to come together to plan provision and pool budgets to ensure the right services are in place to support a whole-system Parent Infant Emotional Wellbeing (PIEW) pathway for Dudley.
- The need for agreed quality assurance / outcome assessment mechanisms for commissioned 0-5 Child & Adolescent Mental Health Services (CAMHS) provision.

- There are whole-system gaps in expertise and provision of parent-infant relationship (dyadic) support for F1001D families (i.e., those women and infant who do not reach threshold for perinatal mental health Service (PMHS) and/or 0-5 CAMHS)
- A need to develop the provision of video feedback (at level 2 competency). This evidence-based intervention is currently only available via the perinatal mental health service (referrals up to 15 months of age only) or the FNP.
- Address gaps in identification and therapeutic support for fathers/co-parents with perinatal mental health problems in the F1001D and their infants.
- Build PIEW ‘coach, consult, co-work’ capacity into Dudley’s Family Hub Network including:
 - Training and consultation for maternity, health visiting and Family Hub staff in perinatal mental health, infant mental health (IMH) and dyadic relationships
 - A cadre of Specialist PIEW Health Visitor/s who have advanced training and supervision and robust links to PMHS and 0-5 CAMHS multi-disciplinary Teams.
 - Training for practitioners working in the independent, voluntary and community sectors, who are part of the Family Hub Network.
- The need for a named General Practitioner / Primary Care PIEW Champion for Dudley’s six Primary Care Networks (PCN).
- There is a need to address the gaps in the quality of preconception advice and planning for women with an existing mental illness diagnosis.
- There is a need to strengthen pathways between the Perinatal Mental Health (PMH) Service and the Mother & Baby Unit (MBU).
- There are gaps in training for adult acute and community mental health and Crisis Team professionals delivering support to women (and their infants) in the F1001D.
- There are gaps in trained peer support Networks for women and fathers/partners with mild-moderate perinatal mental health problems (currently training peer support only on offer to women within the (PMHS).

Drivers for Change

National Drivers

The NHS long term plan recognises there are inequalities in infant mortality, in particularly related to deprivation, ethnicity and maternal age, and recommends the development of specialist preterm birth clinics for higher risk women.¹³

The report of a national review of maternity services in 2016 – Better Births – set out a clear vision: for maternity services across England to become safer, more personalised, kinder, professional and more family friendly. It also called for staff to be supported to deliver women-centred care.¹⁴

The Best Start in Life: A vision for the 1001 Critical Days (2021) set out a vision for best practice across the system landscape to ensure babies and children can get the best possible start.¹⁵

The First 1001 Critical Days Manifesto and Committee Report identifies conception to age 2 as a critical opportunity to children the best possible and prevent problems before they occur.¹⁶

In April 2022, the Government announced £301.75m to transform Start for Life and Family Hub services in 75 upper-tier local authorities across England. Funding is targeted at local authority areas with the highest levels of deprivation. Dudley Council has been pre-selected for the programme which will fund a Network of FH/SfL and family help services and support (Dudley's expected allocation between £3.71m - £3.87m - from 2022/3 to 2024-5).

Local Drivers

In 2019-20, prior to COVID, Dudley participated in the EYTA led by the Early Intervention Foundation. This resulted in the Dudley Health & Care Partnership Board, in 2021, choosing to prioritise the F1001D as an area of focus.

A multi-agency F1001D Steering Group was established (accountable to the Board) and a programme logic model was agreed at the beginning of April 2022 (timeframe of 5-7 years). This F1001D commitment precedes confirmation of Dudley being eligible for FH/SfL funding.

Family Hubs and Start for Life Programme: Local Authority Guide (August 2022). This guide has been produced for all the pre-selected 75 local authority areas and sets out what Dudley Borough must achieve to meet the 'minimum' requirements and 'go further' expectations of the programme. This includes a specific focus on perinatal mental health and Parent-Infant relationships, breastfeeding, parenting support, early language and home learning environment, a published Start for Life offer and co-production (through a Parents & Carer panel/s).

The Dudley Health and Care Partnership Board have recently produced a new Model of Care and are in the process of completing end to end reviews of clinical pathways. This will ensure that integrated F1001D Teams and families can navigate the pathways and make timely referrals when required.

¹³ Alderwick H, Dixon J. (2019) The NHS long term plan British Medical Journal. 364 [The NHS long term plan | The BMJ](#)

¹⁴ Cumberlege J. (2016) Better Births. Improving outcomes of maternity services in England. A Five Year Forward View for Maternity Care. [national-maternity-review-report.pdf \(england.nhs.uk\)](#)

¹⁵ Start for Life. A Vision for the 1,001 Critical Days; The Early Years Healthy Development Review Report. <https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days>

¹⁶ Leadsom A, Field F, Burstow, P & Lucas, C (September 2013). The 1,001 Critical Days: the importance of the conception to age two period: a cross party manifesto. https://parentinfantfoundation.org.uk/wp-content/uploads/2019/09/1001-days_oct16_1st.pdf

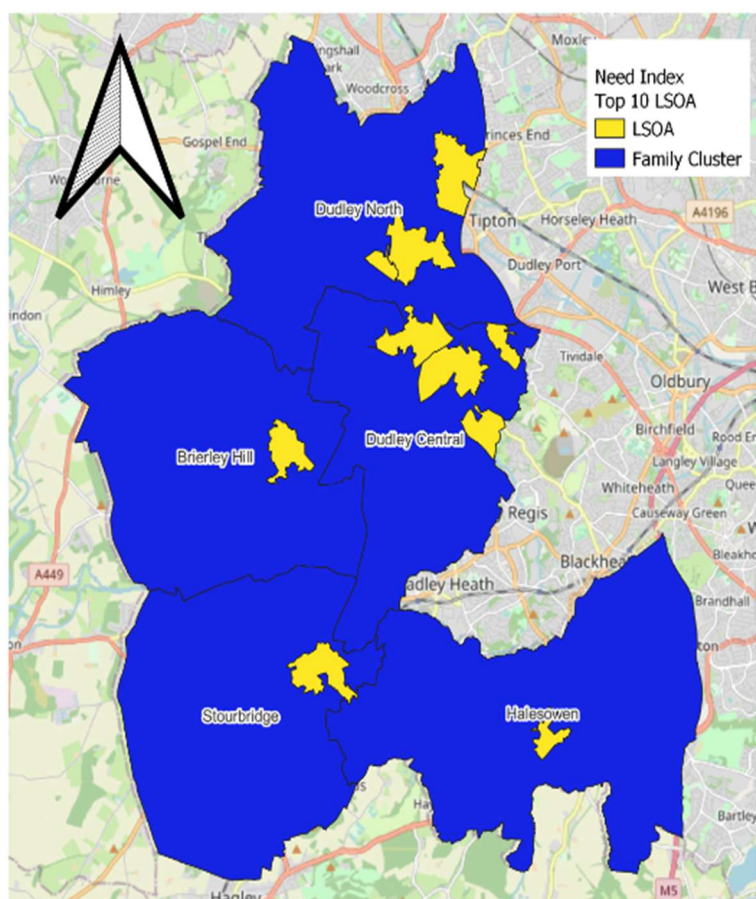
Evidence - the First 1001 Days (F1001D) – maternity and child health up to the age of 2

Only a limited number of quality datasets are available at a small area geographical level (LSOA) that can help identify where F1001D needs are greatest. The following datasets have been used to index the top ten small (LSOA) areas where young children are in greater need and risk of poorer outcomes:

- Population aged 0-2. ONS 2020 mid-year population estimates.
- Percentage of children achieving a good level of development at reception age.
- The Income Deprivation Affecting Children Index (IDACI).
- Proportion of households with an ACE

The figure below shows these top ten small areas and suggests the greatest concentration of need and risk is clustered within the Dudley North and Dudley Central Family Hub Network areas.

Figure 8 - Dudley Early Years Need Index (Top 10 small areas, 2022)



Source: Dudley MBC, Black Country Healthcare Foundation Trust, ONS, Ministry of Housing, Communities & Local Government
Produced by: Intelligence Team, Dudley MBC
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It is recommended that a summary document is produced for each Family Hub Network to allow for more detailed analysis to inform practice.

Gestation at booking

Timely access to antenatal care allows identification of those women who need additional health and social care. Early pregnancy is the key period of foetal development, and interventions such as smoking cessation, advice around diet and impact of alcohol will have a greater impact than later in pregnancy. Early maternity care is vital for offers of timely antenatal screening, including tests for infectious diseases, haemoglobinopathies and foetal anomalies. NICE recommends that antenatal booking is completed before ten weeks of pregnancy¹⁷

National data from 2018-19 suggests 75% of women are booked by their midwife before ten weeks gestation in Dudley, which is significantly higher than the regional or national average. The Covid pandemic and national shortage of midwives has impacted this, and latest data indicates only 65% of women have a timely initial maternity appointment.

Preterm birth

Preterm birth is defined as birth less than 37+0 weeks gestation. It can lead to short term complications involving the central nervous system, the gastrointestinal system, and the respiratory system. In the longer term, being born preterm can be associated with adverse neurodevelopmental outcomes, affecting motor, cognitive, behaviour and social development. Preterm babies also have the highest rates of early, late and post-neonatal mortality¹⁸. 87% of children who die between one and ten years experienced a perinatal event, predominantly linked to prematurity, low birth weight, congenital conditions or brain injury during birth¹⁹.

Local rates of premature birth have remained static since 2006, with around 8% of babies in Dudley born before 37 weeks' gestation. This is slightly lower than the regional rate of premature births.

Low Birth Weight

Low birth weight is influenced by maternal factors, such as smoking, substance and alcohol misuse, health and nutrition and complications of pregnancy, such as pre-eclampsia and high blood pressure²⁰. Commonly babies are low birthweight due to prematurity, so birth weight of under 2500g at term is of particular significance. Birth weight reflects foetal nutrition; if a baby has not had sufficient nutrition to grow during pregnancy, development of other organ systems can be affected. Babies born at a low birthweight are more likely to subnormal growth, illnesses, and neurodevelopmental problems²¹. Figure 9 below shows the trajectory of low birth weight between 2006 and 2021.

¹⁷ NICE (2021) Antenatal care: NICE guideline NG201 <https://www.nice.org.uk/guidance/ng201>

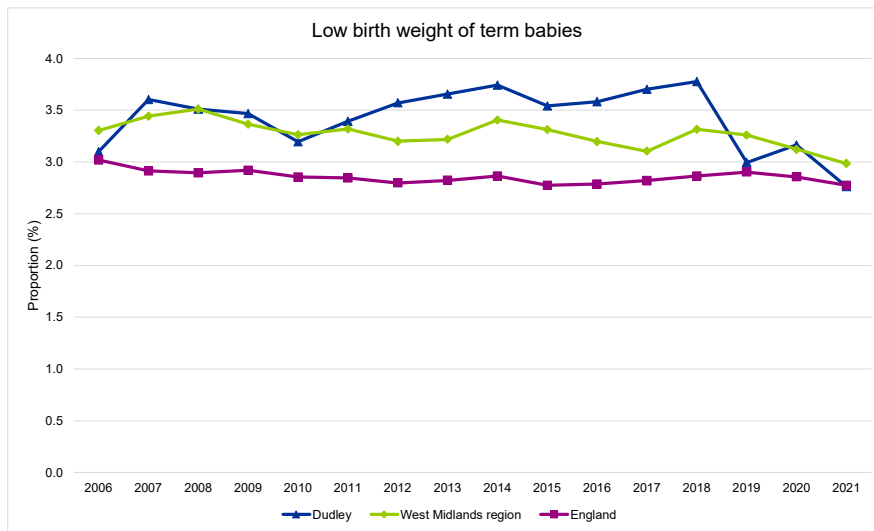
¹⁸ UK Preterm Clinical Network. Reducing Preterm Birth Guidance for Commissioners and Providers. UK Preterm Clinical Network; 2019

¹⁹ National Child Mortality Database (2022) The Contribution of Newborn health to child mortality across England. [Perinatal-FINAL.pdf \(ncmd.info\)](#)

²⁰ The Nuffield Trust (2021) Low Birth Weight www.nuffieldtrust.org.uk/resource/low-birth-weight

²¹ Hack M, Kelen NK, Taylor HG (1995) Long-term developmental outcomes of low-birth-weight infants. *Future child*, Spring;5(1):176-96

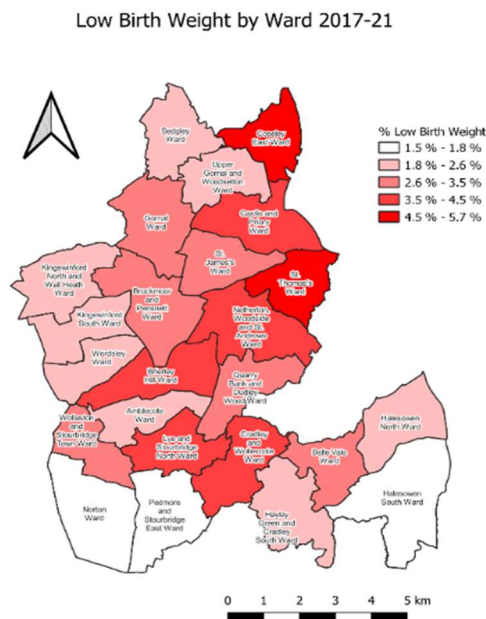
Figure 9 – Low Birth Weight of Term Babies



The proportion of term babies with low birth weight in Dudley in 2020 was 2.8% which is similar to both regional and national rates.

There is a variation between wards in rates of low birth weight. The ward with the highest proportion of term babies with low birth weight is St Thomas' (5.7%) and the ward with the lowest proportion of term babies with low birth weight is Amblecote (1.5%). Dudley Central Family Hub Network area had the highest proportion of term babies with low birth weight (4.2%) whilst Stourbridge had the lowest (2.9%). Figure 10 below shows low birth weight by ward between 2017 and 2021.

Figure 10 – Low Birth Weight by Ward 2017 - 2021



Source: ONS Births Data
 Produced by: Intelligence Team, Dudley MBC
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Smoking at Time of Delivery

Smoking behaviour amongst adults in England has gradually decreased from around a third of adults in the 1980s, to 13.8% in 2020²². For Dudley, rates of adult smoking have not changed significantly since 2017; smoking behaviours in women of childbearing age will impact smoking behaviours in early pregnancy.

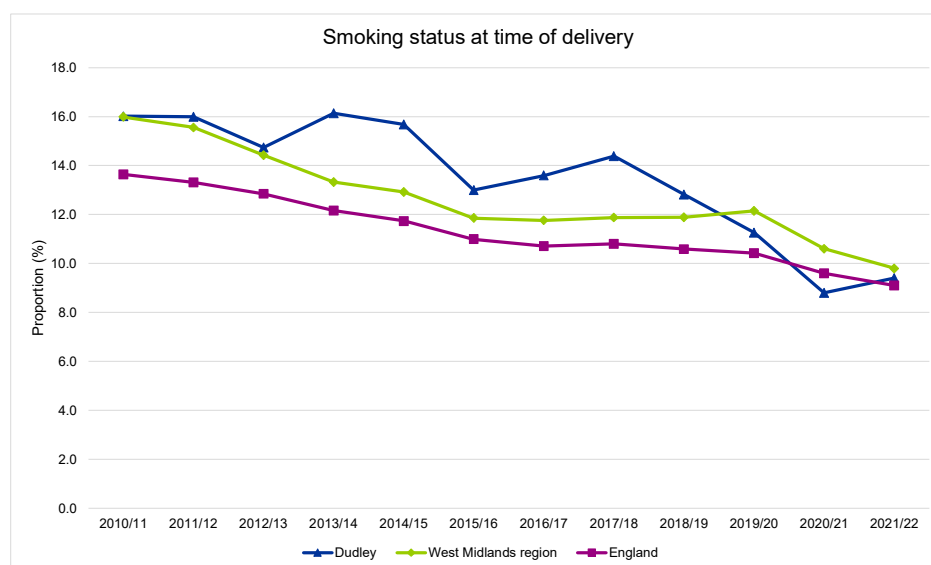
Parental, especially maternal smoking is associated with an increased risk of low birth weight, stillbirth, miscarriages, preterm birth, heart defects and sudden infant death²³. There is a strong socioeconomic component to maternal and household smoking behaviour.

Table 5 - Impact of smoking and exposure to second-hand smoke during pregnancy²⁴

Health effect	Maternal smoking	Second-hand smoke
Low birth weight (<2500g at term)	Double the risk	Increased risk
Stillbirth	Double the risk	Increased risk
Miscarriage	24-32% more likely	Possible increase
Preterm birth (<37 weeks' gestation)	27% more likely	Increased risk
Cardiac defects	50% more likely	Increased risk
Sudden Infant Death	2-3 times the risk	Increased risk
Neonatal death and hospital admissions	Increased risk	Increased risk
Behavioural and learning problems	Increased risk	Increased risk
Respiratory problems	Increased risk	Increased risk

The proportion of mothers known to be smokers at the time of delivery in Dudley was 9.4% in 2021/22. This is similar to the national average (9.1%) and the West Midlands region (9.8%), but is above the national target of 6%

Figure 11 – Smoking Status at Time of Delivery (SATOD)



²² ONS (2021) Smoking prevalence in the UK and the impact of data collection changes.2020

²³ Tommy's. What happens when a pregnant woman smokes? [Internet] Available at <https://www.tommys.org/pregnancy-information/im-pregnant/smoking-and-pregnancy/what-happens-when-pregnant-woman-smokes>

²⁴ NCSCT and PHE (2019) Stopping smoking in pregnancy: a briefing for maternity care providers

The rates by Family Hub Network area in 2022 were highest in Dudley Central followed by Dudley North as shown in Table 5 below.²⁵

Table 6 - Rates of smoking per FHN area

Family Hub	Current smoker
Brierley Hill	8.7%
Dudley Central	11.7%
Dudley North	10.5%
Halesowen	7.4%
Stourbridge	7.3%
Grand Total	9.3%

Source: DGFT

It is recommended to continue to build on success of the Healthy Pregnancy Support Service (HPSS) stop smoking services and ensure implementation of the NHS Long Term Plan in maternity provision and adoption of NICE guidelines. A programme management approach to smoking in pregnancy is recommended to aligned organisational policies and to ensure appropriate training of maternity staff and audit of practices. There is a need for a whole system approach to assess and tackle relapse postnatally as there is currently no reliable data capture in Dudley on smoking relapse rates in the postnatal period. It is recommended that this is an area for future investigation.

Healthy Weight in Pregnancy

Nationally, 22% of pregnant women are obese at the start of their pregnancy. Mothers who are overweight or obese have an increased risk of complications during pregnancy and birth, including diabetes, abnormal blood clotting, high blood pressure and risk of stillbirth.

Of Dudley resident women who were booked in with DGFT in 2022 29.3% were classified as obese. 151 women were classed as morbidly obese and 23 classified with super-morbid obesity in 2022.

Table 7 - Weight category at booking for women booked at DGFT 2022

BMI Category	Count	Proportion %
Less than 18.5	84	2.5%
Healthy Weight 18.5 - 24.9	1,209	36.1%
Overweight (pre-obese) 25-29.9	1,012	30.2%
Obese (Class I) 30-34.9	507	15.1%
Obese (Class II) 35-39.9	299	8.9%
Obese (Class III, Morbid) 40 or more	151	4.5%
Super-morbid obesity BMI ≥50.0	23	0.7%
Unknown	62	1.9%
Total	3,347	100.0%

Source: DGFT

²⁵ This data is only available for women who were booked in for maternity care with DGFT

The rates of obesity by Family Hub Network area did not vary significantly in 2022 but the rate was highest in Dudley North at 32.7%.

Table 8 - Rates of obesity per FHN area

Family Hub	Count	Proportion Obese
Brierley Hill	209	28.7%
Dudley Central	230	29.9%
Dudley North	233	32.7%
Halesowen	189	30.8%
Stourbridge	119	22.8%
Grand Total	980	29.3%

Source: DGFT

It is recommended that a whole systems approach focusing on healthy eating and exercise for all is taken by engaging with national initiatives to support healthy relationships with food and work and with local poverty focused initiatives to support access and affordability of health food and free opportunities to be physically active.

Infant Feeding - babies first feed breastmilk

Breastfeeding has been associated with better outcomes for mother and baby as well as reduced costs for families. Evidence indicates that it protects babies from childhood infections and protects against overweight and diabetes. For mothers, evidence indicates it protects against breast cancer and possibly also ovarian and type 2 diabetes.²⁶

Six in ten babies in Dudley receive breast milk as their first feed, significantly lower than national and regional rates. There is a strong relationship between breastfeeding initiation, socioeconomic status and maternal obesity.

Local data from for Dudley resident mothers who were booked for maternity care at DGFT shows the proportion of babies whose first feed was breastmilk had fallen from 58% in 2021 to 50% in 2022. However, the proportion of babies where the type of first feed was unknown increased from 5% to 16%, probably due to the implementation of new information systems, so this may have had an impact. The breakdown by Family Hub Network area shows that breastfeeding initiation was lowest in Dudley North and highest in Stourbridge.

Table 9 – Breastfeeding Initiation by FHN area

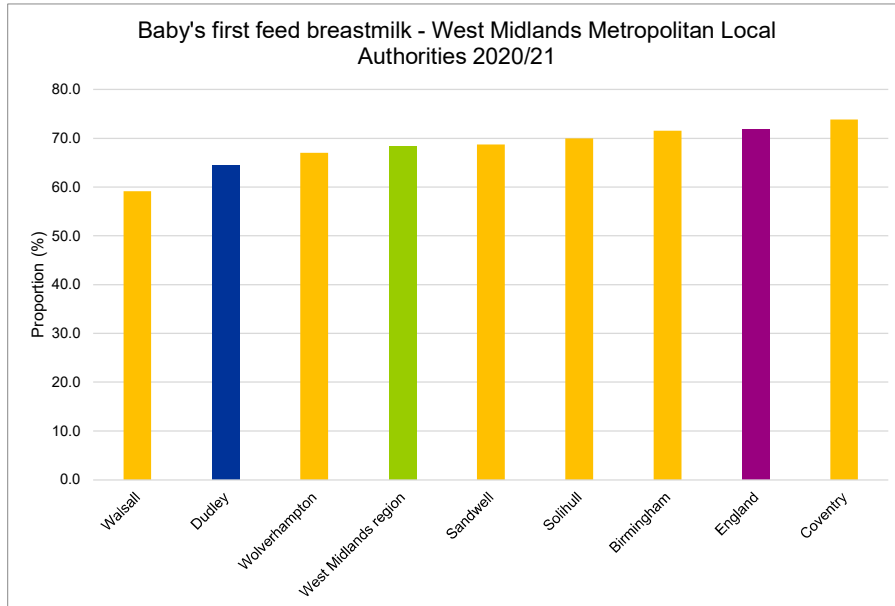
Family Hub	Breast / First Feed
Brierley Hill	54.1%
Dudley Central	47.7%
Dudley North	41.4%
Halesowen	52.8%
Stourbridge	57.0%

Source: DGFT

²⁶ Victora CG, Bahl R, Barros AJ, França GV, Horton S, Krasevec J, Murch S, Sankar MJ, Walker N, Rollins NC; Lancet Breastfeeding Series Group. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet*. 2016 Jan 30;387(10017):475-90. doi: 10.1016/S0140-6736(15)01024-7. PMID: 26869575.

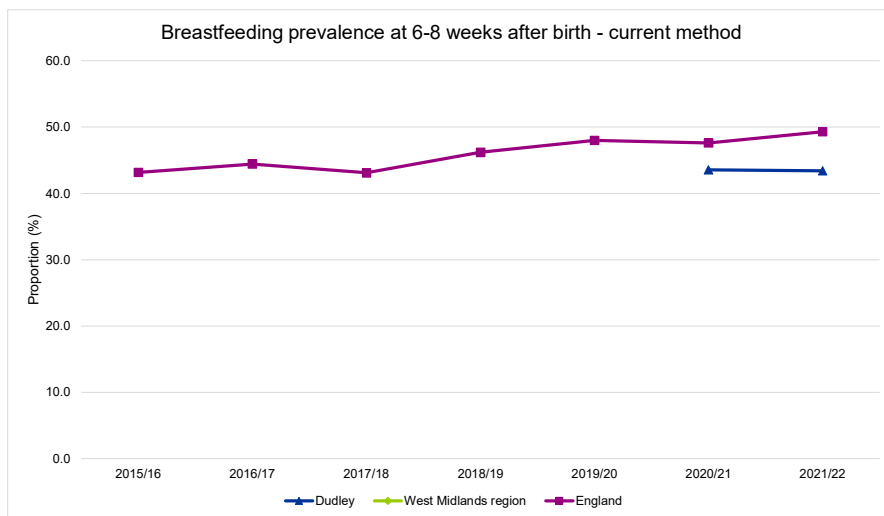
The prevalence of breastfeeding at 6-8 weeks in Dudley is 43.4% which is significantly lower than national rates. Recording of this data has been inconsistent across a large number of local authority areas.

Figure 12 – Baby’s First Feed Breastmilk



Source: OHID

Figure 13 – Breastfeeding Prevalence at 6-8 Weeks After Birth



It is recommended that the provider of the 0-19 Service in Dudley improve infant recording on their enterprise resource planning (ERP) software so that data is available on infant feeding rates are robust and available. By September 2023, the provider must be able report on breastfeeding data at 10-14 days and 6 months to meet the FH/SfL funding conditions and third collection of data (covering April – June 2023).

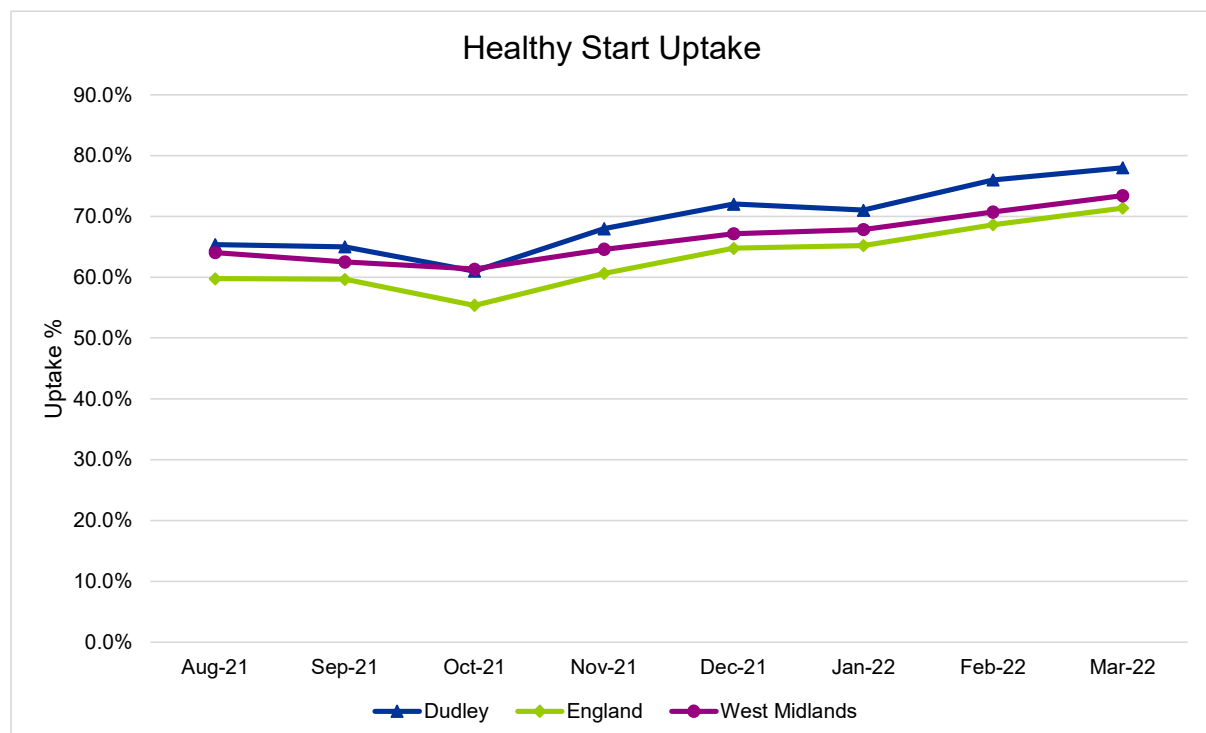
It is recommended that all services maintain full UNICEF Baby Friendly Accreditation and access to face-to-face infant feeding support for families requiring additional support is offered from the Family Hub Networks. In addition, the Child Friendly Dudley initiative should ensure mums feel welcome to breastfeed in public spaces in Dudley.

Healthy Start Vitamins

Healthy start vitamins can be obtained during pregnancy and breastfeeding. They contain folic acid, vitamin D and vitamin C, which lowers the chance of babies having spinal problems, helps the body's soft tissue and helps babies' bones to develop properly respectively. They can also be obtained in drop form for children under 4 years old.

In March 2022, uptake of Healthy Start Vitamins in Dudley was 78%, compared to 73.4% within the West Midlands metropolitan area and 71.4% in England. There has been an overall increase in uptake of healthy start vitamins nationally from September 2021- March 2022.

Figure 14 – Health Start Uptake in Dudley



Source: HMRC/DWP

There has been a recent shift in the obtainment of healthy start vitamins. Historically they were obtained with a paper voucher, however in April 2022 a prepaid card scheme was introduced. The data suggests that since this time obtainment has significantly reduced. Thousands of claimants had to reapply and switch from paper to prepaid card, and many did not. There were also complications with IT issues and call handling issues that impacted on signing up too.

Currently, free healthy start vitamins are given to all pregnant women at their 12-week scan at Russell's Hall Hospital regardless of eligibility. The women are then supported by healthy pregnancy support staff who support women to find out if they are eligible for the healthy start voucher scheme and help them to sign up if they are. Women are signposted to pharmacies where they can purchase vitamins or exchange coupons. For those eligible, claimants are entitled between 10 weeks pregnant until their child turns 4 years old.

Recommendations are as follows in relation to Family Hubs and Health Start Vitamins in Dudley:

- Each of the Family Hubs to have a stock of vitamins for those eligible for free.
- Family Hub Network areas to promote healthy start vitamins by way of displayed posters.
- Integrated Family Hub staff and network partners promoting healthy start weaving this into conversations about financial support and health advice.

Perinatal Mental Health (PMH)

In 2021, there were 3,363 births within Dudley. There has been a steady fall in births since 2018, when there were 3,598 births. In the absence of accurate local data for PMH, estimates based on national figures have been produced for this needs assessment²⁷.

Table 10 - Rates of perinatal mental health conditions per 1000 maternities and estimated local prevalence rates

Perinatal Mental Health	Rates per thousand Maternities	Estimated numbers in Dudley for 2021
Postpartum psychosis	2 per 1,000	7
Chronic serious mental illness	2 per 1,000	7
Severe depressive illness	30 per 1,000	100
Mild/moderate depressive illness and anxiety states	100-150 per 1,000	335-500
Post traumatic stress disorder	30 per 1,000	100
Adjustment disorders and distress	150-300 per 1,000	500-1010

Other national data suggests, around a quarter of women report anxiety during pregnancy, with around 1 in 10 developing depression in the antenatal period²⁸. Research shows that around 3% of women will be diagnosed with post-traumatic stress disorder (PTSD) following childbirth²⁹. Around one third of new mothers and one in five fathers³⁰ will be diagnosed with a mood disorder in the first year after the birth of their baby. For Dudley, this means over 1,000 women antenatally and postnatally yearly will have symptoms of mental illness³¹, and around 800 will be clinically diagnosed with anxiety, depression, or post-traumatic stress disorder during pregnancy.^{32,33}

Within the midwifery service in Dudley, GAD-2 and Whooley score data is captured. For GAD-2 they only record Yes/No answers for the 2 questions rather than the score for each question. In 2022 4% of women answered yes to one question and 2% to both questions. For Whooley 2% answered yes

²⁷ Cited https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr232---perinatal-mental-health-services.pdf?Status=Master&sfvrsn=82b10d7e_4

²⁸ Bennett HA, Einarson A, Taddio A et al, Prevalence of Depression during Pregnancy: Systematic Review, *Obstetrics & Gynecology*, 2004;103(4): 698-709.

²⁹ Cited https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr232---perinatal-mental-health-services.pdf?Status=Master&sfvrsn=82b10d7e_4

³⁰ Leiferman, J.A., Farewell, C.V., Jewell, J., Lacy, R., Walls, J., Harnke, B. and Paulson, J.F., 2021. Anxiety among fathers during the prenatal and postpartum period: a meta-analysis. *Journal of Psychosomatic Obstetrics & Gynecology*, 42(2), pp.152-161.

³¹ Dennis C-L, Falah-Hassani K, Shiri R. Prevalence of antenatal and postnatal anxiety: systematic review and meta-analysis, *The British Journal of Psychiatry*, 2017;210(5) 315-323.

³² Dikmen Yildiz P, Ayers S. The prevalence of posttraumatic stress disorder in pregnancy and after birth: A systematic review and meta-analysis, *Jnl of Affective Disorders* 2017; 208:634-645.

³³ Vital Statistics, 2019 (All maternities)

to 1 question and 3% to 2 questions in 2022. These percentages suggest under detection of need when compared to expected prevalence.

Whooley Questions	In the past month, having you often been bothered by feeling down, depressed or hopeless?
	In the last month, have you often been bothered by little interest or pleasure in doing things?
GAD 2 Questions	Feeling nervous, anxious or on edge?
	Not being able to stop or control worrying?

The National Collaborating Centre for Mental Health³⁴ guidelines recommend that the midwife conduct an initial ‘Whooley question’ screen and when depression is indicated, the woman is issued with a follow-up, valid and reliable psychometric self-report depression screening questionnaire. Local midwives that support those with mental health needs antenatally and postnatally see up to 10% of the pregnancies, suggesting that there is a gap in service provision and estimated need.

Research indicates that younger mothers are particularly vulnerable to common PMH problems. Within FNP the Hospital Anxiety and Depression Scale (HADS) is regularly used to screen clients that are supported. Many of the clients within FNP have had CAMHS input previously and many of the roots of concern stem from ACE’s that the client will choose in time to trust the nurse to disclose.

The FNP collect data on 100% of their client base, which provides a good understanding of the FNP population: During 2021-2022 68% of FNP clients were assessed to have moderate to severe anxiety and/ or depressive symptoms compared to 10- 20% estimated for women in the general population in the perinatal period. This being said, the data drawn from all mental health assessments in use within FNP showed that anxiety at 36 weeks pregnant was 20%, rising to 24% at 6 months post-partum, and depression at 36 weeks pregnant was 7% falling to 6% at 6 months post-partum.

The rates of self-reported depression in Dudley FNP clients are notably lower than the national FNP population and therefore requires further investigation. FNP report that 2% of fathers reporting to having mental health issues and 1% of fathers currently or previously received CAMHS support. This is lower than the expected prevalence. The therapeutic relationship is a core component to effective intervention provided through FNP, and a pivotal driving force for enabling clients to identify and implement life enhancing change for themselves and baby.

Within the lesbian, gay, bisexual, transgender, queer, Two-Spirit, Intersex and Asexual (LGBTQ2IAS+) community, mental health and wellbeing during the perinatal period is uniquely impacted largely due to systems-level inequities and exclusion from perinatal care³⁵. There is limited data on this nationally and within the Dudley Borough, therefore getting a better understanding of how to support this community would be a valuable area for whole-system exploration and development.

Like midwifery, the health visiting service use Whooley and GAD2 questions for assessing all women during antenatal and postnatal contacts. However, at the time of this needs assessment, it was not possible to extract reliable data from the health visiting service’s electronic system. **It is recommended that the 0-19 Service in Dudley improve the quality of PMH recording on their enterprise resource planning (ERP) software.**

³⁴ https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/perinatal/nccmh-the-perinatal-mental-health-care-pathways-full-implementation-guidance.pdf?sfvrsn=73c19277_4

³⁵ Kirubarajan et al (2022) LGBTQ2S+ childbearing individuals and perinatal mental health: A systematic review. doi: 10.1111/1471-0528

The Healthy Child Programme refresh in 2021 adds two non-mandated by health visiting services at 3-4 months and at 6 months. Both of these provide a valuable opportunity to further PMH assessment. However, in Dudley Borough the service has not had the staffing capacity to be able to add these contacts to the local universal service offer. **It is recommended that planned Family Hub integrated teams explore the feasibility of harnessing the new cadre of Family Hub Practitioners to support these contacts.** It is important that a skill mix within services is not to the detriment of relationship building between health professionals and families.

It is recommended that the FH/SfL programme’s Parent & Infant Emotional Wellbeing Working Group sets up a task and finish group to explore ways of improving the whole-system capture of PMH service data.

Parent-Infant Relationships and Infant mental health

There is clear evidence that nurturing healthy development in the F1001D is key to giving children the best start in life. Neuroscientific evidence shows that the foundations for lifelong health and wellbeing are laid in the earliest years.

Parent-infant relationships are one of the core elements of early development, resilience, and a child’s ability to weather life’s challenges. They influence how a baby learns about themselves and other people and sets a template for later relationships. They help a child to feel safe and able to explore and learn.

The strongest predictor of attachment security is parental sensitivity. Children with a less secure attachment with a parent or caregiver can find it more difficult to regulate their own emotions, which in turn can affect their physiological responses. Research shows insecurity in the parent-infant relationship is connected to intergenerational mental ill-health, behavioural problems, and increased risk of child abuse. Babies are at particular risk when they live in households where parental mental ill-health, domestic violence and/or substance misuse are present.

It is estimated that 10-25% of infants and young children experience relationship problems with their parent/s or main carer(s), known as disorganised attachment and that this can result in a range of poor social, emotional and educational outcomes. This is much more prevalent in families living with stress factors such as PMH problems, parental conflict, childhood trauma experienced by parents and poverty. The below table models numbers of infants at risk of disorganised attachment in Dudley and the Black Country using a prevalence rate of 15%.

Table 11 - Disorganised attachment in the Black Country; 15% of total live births within a year.

	Dudley	Walsall	Wolverhampton	Sandwell	Black Country Total
2018	540	561	505	683	2,289
2019	520	554	491	659	2,224
2020	520	512	483	647	2,162
2021	504	518	474	614	2,110

In addition to the adverse impact on the individual and family, these infants are likely to put significant demands on health, social care, and education service as they grow older. Those parent-infant relationships that needed the earliest help may result in infant and then child mental health

problems that place a significant burden on local services. Late intervention for children with mental health problems are associated with costs between £11,030-£59,130 annually per child³⁶

There is convincing evidence on the return on investments in the earliest years of development.

- Rigorous long-term studies found a range of returns between £4 and £9 for every pound invested in early intervention for low-income families³⁷
- The Heckman curve of return of investment shows that the most economically efficient time to invest in developing children's skills and social abilities is in the very early years. It is more cost-effective to act early, rather than pick up the pieces when problems occur³⁸.
- A 2021 research paper shows that in the UK children who are being parented sensitively by the time they are 4-6 years old cost 13 times less by the age of 12 years than those who are not³⁹.

It is increasingly recognised that most families in England do not have sufficient access to quality, evidence-based support for parent–infant relationships (also known as 'dyadic' support).

For this reason, the Family Hubs & Start for Life Programme places a requirement for level 1 and 2 Parent-infant relationship competencies development and provision:

- Level 1 - training available to everyone across the system who provides support to families expecting a baby or who have a baby under the age of two,
- Level 2 - training to deliver evidence-based interventions that promote parent–infant relationships.

The impact of level 1 and 2 workforce development investments will be to improve dyadic needs identification and workforce confidence in supporting parents-infants with early or lower-levels of need. This change will be seen cross the whole Black Country, as our neighbours Sandwell, Wolverhampton and Walsall are also in receipt of Family Hubs & Start for Life funding.

Inevitably strengthening levels 1-2 parent-infant relationship expertise will result in better identification of 'dyads' that require evidence-based level 3 expertise and support (i.e., parent-infant psychology and psychotherapy) and this requires proactive commissioning consideration and forward planning.

Impact of Covid on Parental and Infant Mental Health in F1001D

Covid has had an impact globally. Nationally the population have reported that 6 in 10 parents reported having significant concerns about their emotional wellbeing due to Covid restrictions, 9 in 10 parents said they were more anxious. And 1 in 4 parents said they were concerned about their relationship with their baby due to Covid restrictions⁴⁰.

³⁶ Cited: <https://parentinfantfoundation.org.uk/wp-content/uploads/2021/06/6.pdf>

³⁷ Parent-Infant Foundation (2019) Rare Jewels: Specialist Parent-Infant Relationship Teams in the UK <file:///C:/CYP%20Team/FIRST%201001%20DAYS/2.%20LITERATURE%20&%20EVIDENCE/PIF/PIP-UK-Rare-Jewels-FINAL.pdf>

³⁸ <https://heckmanequation.org/resource/the-heckman-curve/> (Accessed 25 January 2023)

³⁹ "Bachmann, C.J., Beecham, J., O'Connor, T.G., Briskman, J. and Scott, S. (2021), A good investment: longer-term cost savings of sensitive parenting in childhood. *J Child Psychol Psychiatr.* <https://doi.org/10.1111/jcpp.13461>."

⁴⁰ Source: Parent-Infant Foundation (2020) Babies in Lockdown https://maternalmentalhealthalliance.org/wpcontent/uploads/CentreforMH_MaternalMHPandemic_FullReport.pdf

There is a need to identify and help those parents and infants most impacted by Covid restrictions and current economic hardships, including provision of evidence-based interventions for families with most need and babies whose wellbeing is impacted by their exposure to stress and adversity.

It is recommended that population health management techniques are used to identify families with poor uptake of services during and post COVID to ensure that their needs have being met and offer support where appropriate.

Health protection

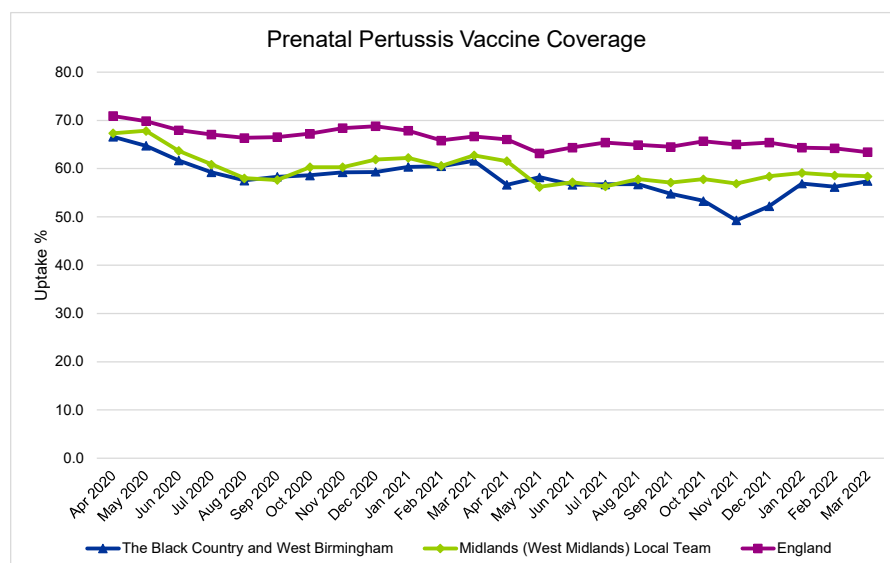
Pregnant women are currently offer three specific vaccinations, pertussis, flu and Covid-19. Seasonal flu vaccination has been offered to all pregnant women since 2014 due to the adverse impact of influenza infection during pregnancy, leading to adverse perinatal outcomes. During the 2010/11 A(H1N1)v pandemic, influenza was a leading cause of maternal death in the UK. Influenza vaccination can be given at any stage of pregnancy during flu season. In 2020/21, 44% of pregnant women received flu vaccination nationally, similar to 45% in the Black Country.

Pertussis is the bacteria that causes whooping cough. In infants, pertussis is a serious illness, with half of babies under one year requiring hospital admission. The infection can lead to pneumonia, oxygen deprivation, brain damage and death. In adults, pertussis infection can cause a prolonged cough, but does not tend to be life threatening. Whilst most individuals will have received pertussis vaccination as part of their routine childhood vaccinations, effective protection wanes over time.

In order to protect the most vulnerable babies, maternal vaccination between 16- and 32-weeks' gestation increase transfer of maternal antibodies to the foetus. This aims to offer passive protection to the new-born prior to routine vaccination at 8 weeks old. Maternal vaccination also prevents pertussis infection in mothers, which is one of the main routes of transmission to babies.

Prenatal pertussis vaccine uptake has fallen both nationally and locally over the last 2 years. The uptake in the Black Country and West Birmingham (57.4%) was below the national level (63.4%) in March 2022.

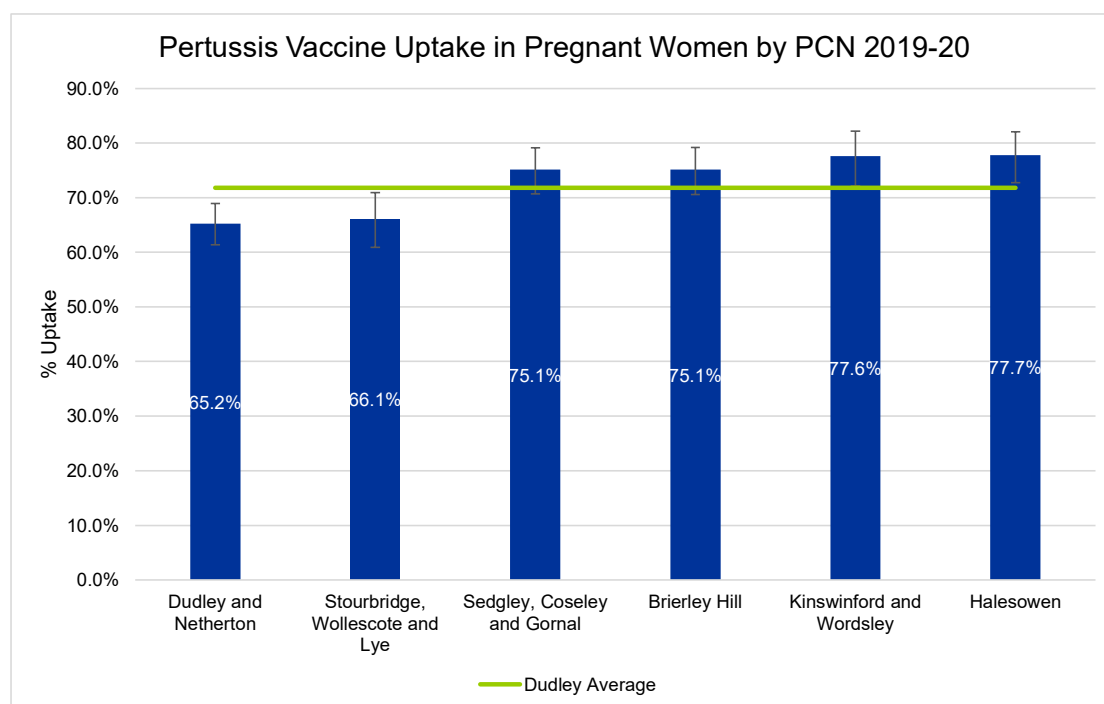
Figure 15 – Prenatal Pertussis Vaccine Coverage



Source: UKHSA

Pertussis Vaccine uptake by pregnant women in Dudley was 71.8% in 2019-20. There was some variation by PCNs which can be used to indicate need at a Family Hub Network level.

Figure 16 – Pertussis Vaccine Uptake in Pregnant Women by PCN



Source: Immform

Since December 2021, pregnant women are considered a priority group for Covid-19 vaccination due to serious illness and complications during pregnancy and the early postnatal period. Initial data indicates virtually all women who have been seriously ill, admitted to intensive care or died have been unvaccinated. Vaccination reduces the risks to both mother and baby, including reduced risk of stillbirth. By January 2022, around 60% of pregnant women nationally had received at least one dose of Covid-19 vaccination⁴¹.

As of January 2023, 77% of pregnant women in Dudley had at least one dose of Covid-19 vaccination, 72% had two doses and 42% had a booster. This leaves 23% of pregnant women in Dudley who were unvaccinated.

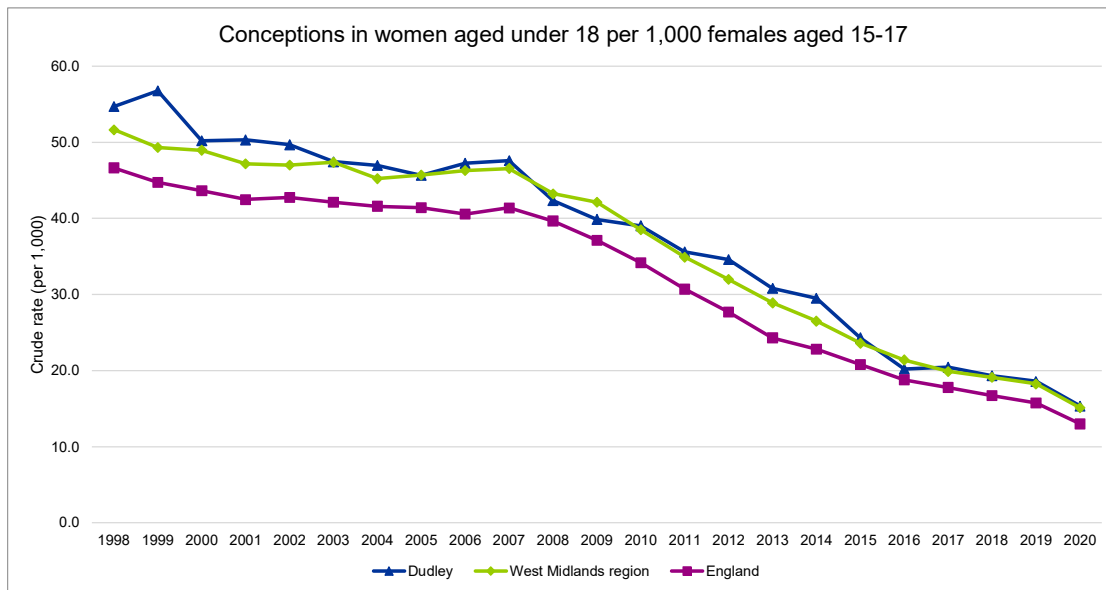
Young parents

In 2020, there were 15.3 conceptions per 1000 females aged 15-17 which is similar to the West Midlands (15.1 per 1000) rate, but higher than the England (13.0 per 1000) rate.

Research has shown that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of mental health problems than older mothers.

⁴¹ UKHSA (2022) Vaccine uptake amongst pregnant women increasing but inequalities persist.

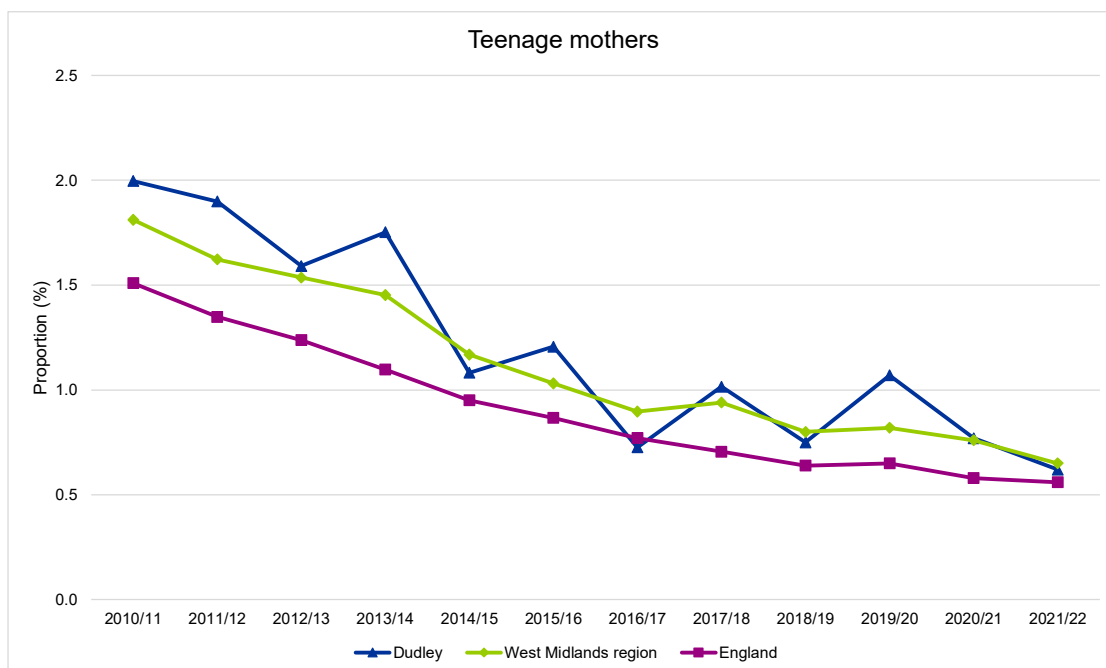
Figure 17 – Conceptions in Women Aged Under 18



Source: OHID Fingertips

Infant mortality rates are 60% higher for babies born to teenage mothers. Children born to younger parents have an increased risk of living in poverty and are more likely to have accidents and behavioural problems.

Figure 18 – Percentage of Teenage Mothers in Dudley



Source: OHID Fingertips

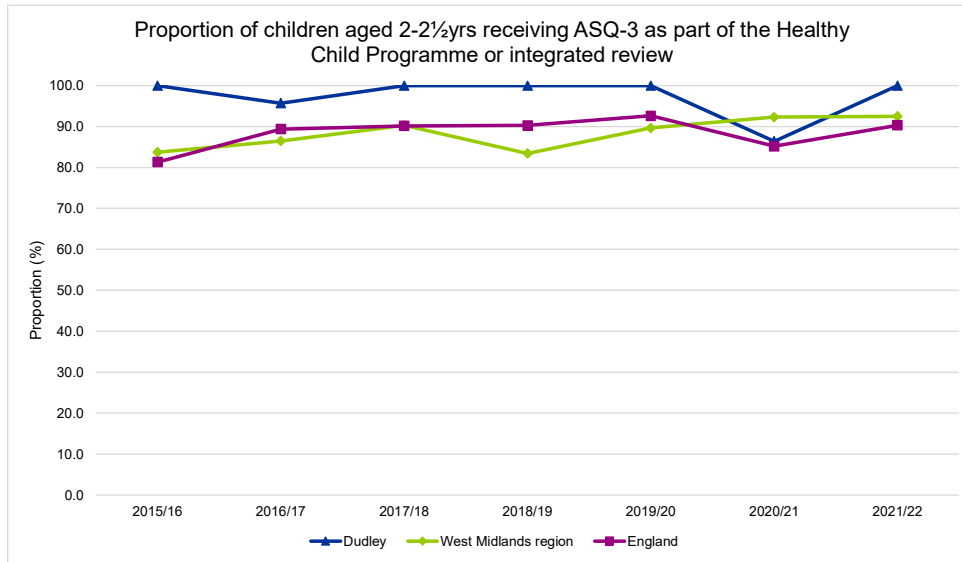
In 2021/22, 0.6% of delivery episodes were for a mother aged under 18 years, which is not significantly different to the national (0.6%) or regional figures (0.7%).

It is recommended that the evidence based early parenting support in Dudley, including face to face antenatal and postnatal group-based activities target young parents. The focus for all parents-to-be should be on communication with babies, parent-infant attachment and relationship support.

Child Development – ready to learn at 2 years

The ASQ is a screening tool used to assess child development in communication, gross and fine motor, and personal and social skills. ASQ is a screening tool for developmental delay. It has good specificity i.e., ability to predict who will not go on to have problems but poor sensitivity i.e., the ability to detect children who will go on to develop a developmental disorder. It is used universally, by health visiting teams, as part of the Healthy Child Programme. All children are screened with the ASQ at the age of 2 to 2½.

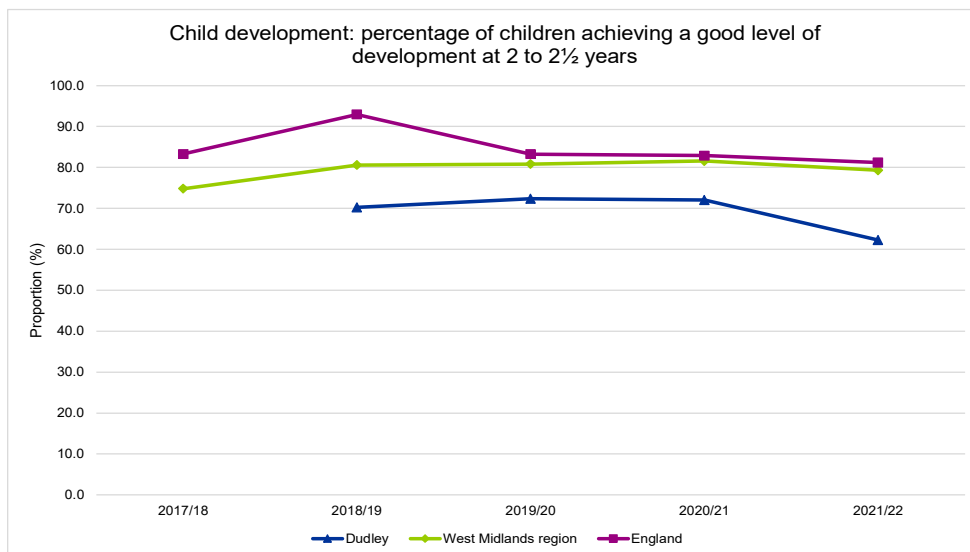
Figure 19 – Proportion of Children Receiving ASQ-3



Source: OHID Fingertips

The proportion of children in Dudley receiving an ASQ-3 review at 2 to 2 ½ years in Dudley was 100% which is significantly higher than West Midlands (92.5%) and England (90.3%) averages.

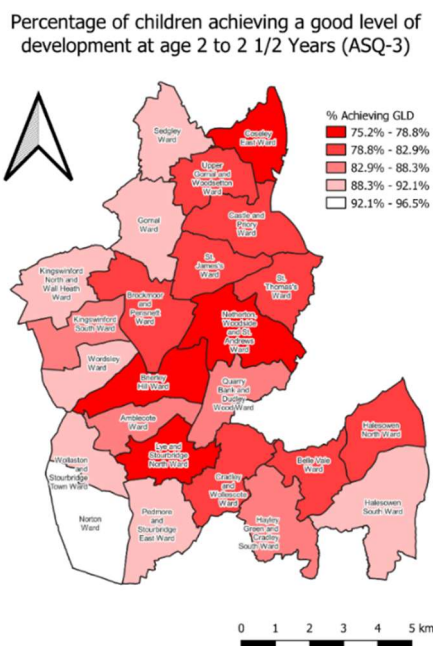
Figure 20 – Percentage of Children Achieving a Good Level of Development at 2-2.5 Years



Source: OHID Fingertips

62.3% of children screened at aged 2-2 ½ in Dudley achieved a good level of development in 2021/22. This is significantly worse than the national (81.2%) and West Midlands (79.3%) values.

Figure 21 – Percentage of Children Achieving a Good Level of Development at 2-2.5 years.



Source: Dudley MBC
Produced by: Intelligence Team, Dudley MBC
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Dudley is significantly below national, regional, and statistical neighbour averages for all domains (communication, gross motor skills, fine motor skills, problem solving, and personal and social skills) in the ASQ-3 review at 2-2 ½ year. Communication skills are the domain where the highest proportion of children fail to meet the expected standard.

Table 12 - Child Development at 2-2.5 Years against ASQ screening domains (percentages)

Indicator	Dudley	West Midlands region	England
Child development: percentage of children achieving a good level of development at 2 to 2½ years	62.3	79.3	81.2
Child development: percentage of children achieving the expected level in communication skills at 2 to 2½ years	77.6	85.3	86.5
Child development: percentage of children achieving the expected level in fine motor skills at 2-2½ years	86.0	93.2	93.3
Child development: percentage of children achieving the expected level in gross motor skills at 2-2½ years	88.2	92.8	93.5
Child development: percentage of children achieving the expected level in personal social skills at 2 to 2½ years	83.8	90.4	91.2
Child development: percentage of children achieving the expected level in problem solving skills at 2-2½ years	83.3	91.8	92.7

Source: OHID Fingertips

The ward with the smallest proportion of children achieving a good level of development in 2021 was Coseley East (75.2%), followed by Brierley Hill (76.2%), and Netherton, Woodside and St

Andrews (78.3%). When aggregated to Family Hub Network areas, Dudley Central (81.5%) had the lowest proportion achieving a good level of development.⁴²

Table 13 – Breakdown of ASQ development domains by FHN area

Family Hub	Communication	Fine Motor Skills	Gross Motor Skills	Problem Solving	Personal - Social	GLD
Brierley Hill	87.4%	96.0%	95.9%	92.4%	92.3%	83.8%
Dudley Central	85.6%	95.3%	95.1%	93.5%	93.4%	81.5%
Dudley North	87.9%	94.8%	94.6%	93.6%	91.5%	83.8%
Halesowen	89.6%	96.4%	95.8%	95.6%	95.0%	84.0%
Stourbridge	90.8%	97.5%	95.4%	97.3%	96.0%	88.1%
Dudley	88.0%	95.9%	95.3%	94.3%	93.5%	84.0%

Source: Dudley MBC

In addition to the ASQ collected by the health service, education providers complete a summary check at age health care and education to be offered to families of 2 – 2.5 years old. Best practice is recognised as an integrated health and early education review at 2 years, as it is widely acknowledged that a holistic approach is important to good health and development.

The purpose of the integrated review is to support a collaborative approach to a child’s developmental review, combining health and education information. The purpose of the integrated review is to:

- identify the child’s progress, strengths and needs at this age in order to promote positive outcomes in health and wellbeing, learning and behaviour, and to promote school readiness
- facilitate appropriate early intervention and support for children and their families where developmental delay or additional needs are identified
- generate information which can be used to plan services and contribute to the reduction of inequalities in children’s outcomes

The review will draw on the content of existing health and educational reviews, focussing on the child in:

- speech, language and communication
- personal, social and emotional development
- physical development, including a review of growth and the promotion of healthy weight and physical activity
- learning or cognitive development
- physical health, including oral health and bladder and bowel health to prevent such problems as constipation and urinary tract infections

These align with the Early years foundation stage prime areas of learning⁴³.

⁴² Local figures will not up to national figures as local data only available for reviews completed by Black Country Healthcare NHS Foundation Trust

⁴³ Early Years High Impact Area 6 – Health, wellbeing and development of the child age 2 – Two year old review (integrated review) and support to be ‘ready for school’ <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/early-years-high-impact-area-6-ready-to-learn-and-narrowing-the-word-gap>

It is recommended that Dudley creates a stepped (bronze, silver, gold) integrated 2-2.5 years review process, which whereby children at risk of poorer school readiness receive a comprehensive integrated assessment (and interventions) by the health visiting service and early years provider together.

It is also recommended that Dudley Borough adopts a validated speech, language and communication needs identification tool (e.g. WellComm and/or ELIM) across all EY services (including health visiting) and settings – to improve early detection and intervention. This will be used universally for 2-2.5 years development reviews to complement ASQ assessment but could be used for infants at the 9-12-month development review in specific areas with evidence of poorer school readiness outcomes.

Special Education Needs (SEN) in the Early Years

The benefits of high-quality early education for all children have been recognised for some time. Research has also demonstrated the particular benefits to young disabled children and young children with SEN. Yet, across England, disabled children and children with SEN do not have the same access to early years provision as their peers. SEN for All Age is detailed on pages 53 - 56.

Special educational needs and disabilities (SEND) can affect a child or young person’s ability to learn. They can affect their:

- behaviour or ability to socialise, for example they struggle to make friends
- reading and writing, for example because they have dyslexia
- ability to understand things
- concentration levels, for example because they have attention deficit hyperactivity disorder (ADHD)
- physical ability

Children may be eligible for:

- SEN support in school, like speech therapy
- An education, health, and care (EHC) plan – a plan of care for children and young people aged up to 25 who have more complex needs

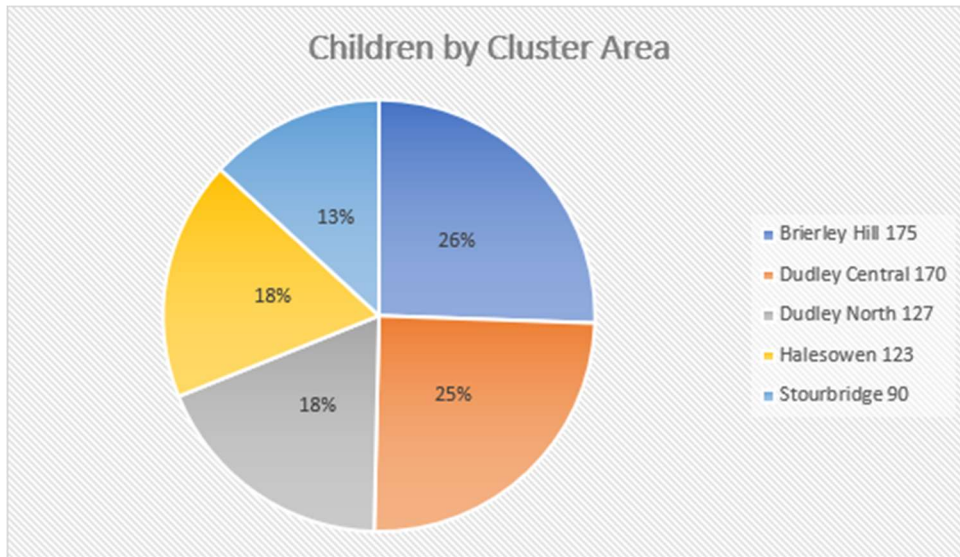
The Early Years Foundation Stage (EYFS) Framework requires all early year’s providers to have arrangements in place to support children with SEN or disabilities and provide parents with information on this. Settings must promote equality of opportunity for children in their care. Since the IEYS was established in 2022 there were 685 children known to the service.

Figure 22 – Children known to Dudley IEYS during the Autumn Term 2022



The number of children from each Family Hub Network areas ranges from 90 in Stourbridge to 175 in Brierley Hill.

Figure 23 – Percentage of children know to IEYS by FHN area 2022



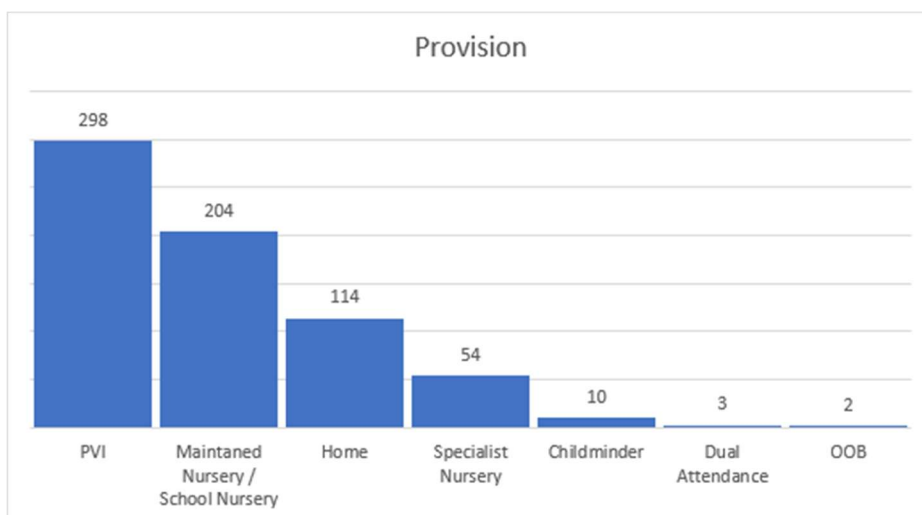
The table below details the year the children know to the IEYS and the year they will start school. This knowledge sharing allows for planning and support to be targeted appropriately.

Table 14 – Children requiring SEN Support know to IEYS (638) 2022

2023 School Starters (N2)	332
2024 School Starters (N1)	226
2025 +	76
Delayed / deferred	4 (now 3)

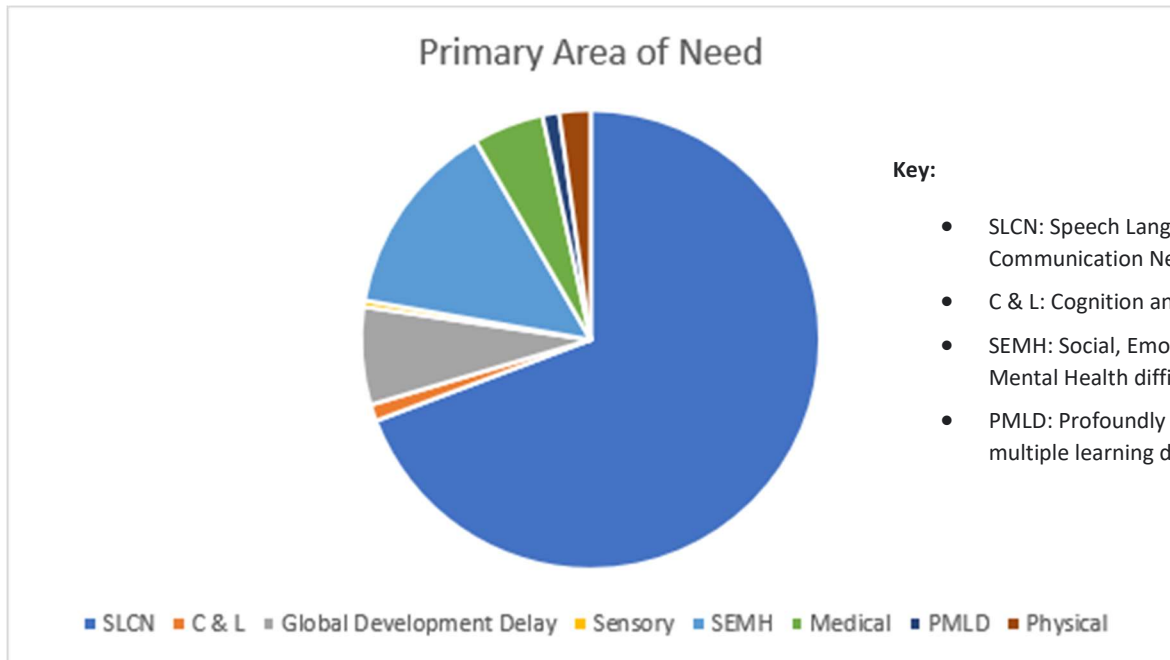
The following figure shows the breakdown of provision currently used by families know to the IEYS as of March 2023.

Figure 24 – Breakdown of Provision within the IEYS (March 2023)



The primary area of need for the children known to IEYS is SLC followed by social, emotional and mental health (SEMH) difficulties. As the service is new in Dudley, we are unable at this time to compare to our neighbours or nationally. However, when the needs assessment is refreshed it is hoped that this analysis could be included.

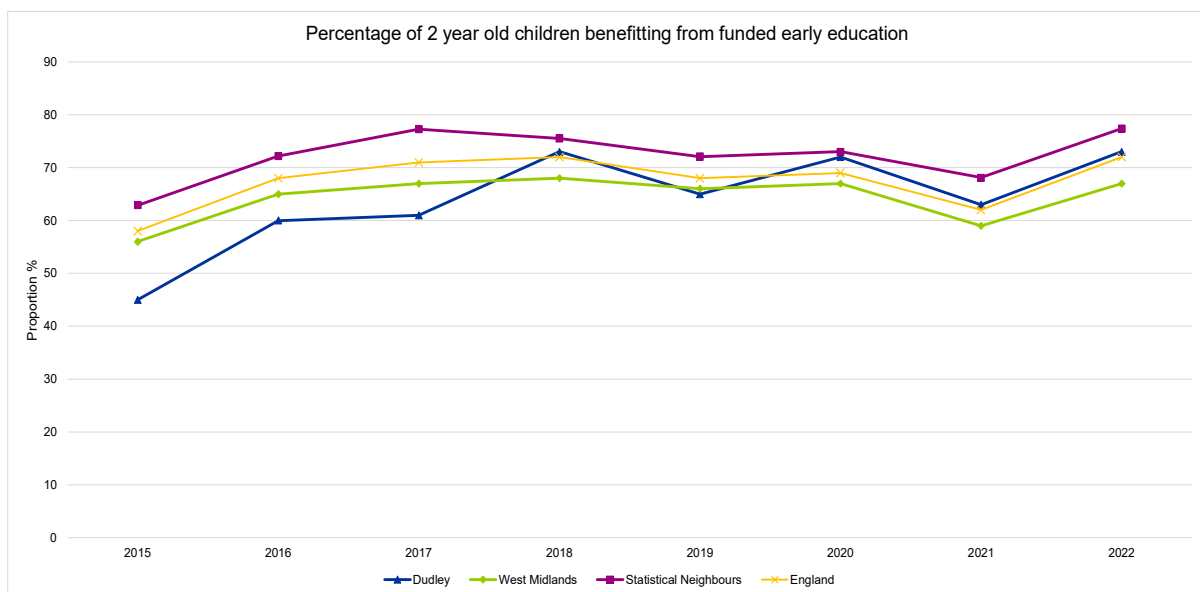
Figure 25 – Breakdown of Primary Area of Need for children know to the IEYS (March 2023)



Take Up of Free Early Education

Uptake of funded early education for 2-year-olds in Dudley was 73.0% in 2022. This was above the regional average (67.0%) and England (72.0%), but below the average for statistical neighbours (77.4%)

Figure 26 – Percentage of 2-year-olds children benefitting from funded early education



Source: Department for Education – Local authority interactive tool (LAIT)

In England, the universal offer for 3- to 4-year-olds is 570 free hours per year (usually taken as 15 hours per week). Some children are eligible for 30 hours of funded childcare per week if parents are working. In addition, some two-year-olds are eligible for free early education and childcare dependent on parental income and benefits and other child circumstances.

In Q3 (Autumn 2021) 1265 applications were approved, exceeding the national target of 1258. Of those identified on Department for Work and Pension lists 1006 applications were received and offered places, take up was therefore 79.9% and the gap was 20.1%

For Q4 (Spring 22) 1235 applications were approved, exceeding the national target of 1231. Of those identified on Department for Work and Pension lists 942 applications were received and offered places, take up was therefore 76.5% and the gap was 23.5%

Table 15 - Uptake of Time for Two by Family Hub Network area

Township	All	Take-up	Take-up %
Brierley Hill	196	164	83.7%
Dudley Central	283	207	73.1%
Dudley North	278	196	70.5%
Halesowen	162	92	56.8%
Stourbridge	117	93	79.5%
Out of Borough	78	61	78.2%
Grand Total	1114	813	73.0%

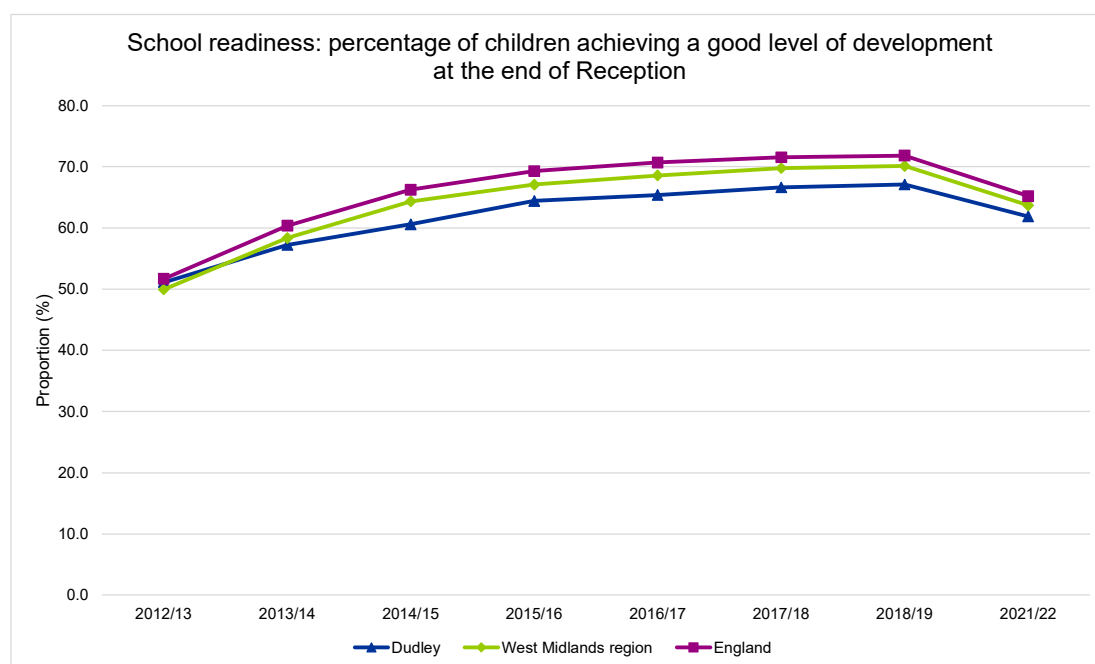
Source: Dudley MBC

Evidence – the health of children 0 – 5 Years

Child Development - ready for school at 5 years

The Early Years Foundation Stage (EYFS) profile is a summary of a child's attainment at the end of reception. It measures attainment in the following domains: Communication and Language, Physical Development, Personal Social and Emotional Development, Literacy, Maths, Understanding of the world and Expressive arts and design. In order to be considered to have achieved a GLD a child must have achieved at or above the expected level in Communication and Language, Physical Development, Personal Social and Emotional Development, Literacy and Maths.

Figure 27 – School Readiness – at Reception



Source: OHID Fingertips

Note: Reforms to the Early Years Foundation Stage (EYFS) profile in September 2021 mean that it is not possible to compare the measurement of GLD in 2021/22 with previous years.

61.9% of 5 years olds in Dudley achieved a GLD in 2021/22. This is significantly below the national figure (65.2%) and the figure for the West Midlands (63.7%). Dudley has the lowest achievement of GLD of the 6 authorities making up its CSSNBT nearest statistical neighbours, and 10th out of 14 in the West Midlands region. Dudley performs below England in all areas of learning that contribute to the overall GLD. The trend up to 2018/19 was generally showing an increasing proportion achieving GLD both locally and nationally.

Other factors impacting on GLD include:

- Gender: boys (54.8% achieved GLD in Dudley), girls (69.7%)
- Term of birth: Autumn born (72.1% achieved GLD in Dudley), Spring born (61.1%), Summer born (52.1%)
- Ethnicity: White/White British (63.6% achieved GLD in Dudley), Asian/Asian British (54.9%), Black/African/Caribbean/Black British (65.6%), Mixed (62.2%), Other ethnic group (43.9%)

- First language: Known or believed to be English (63.1% achieved GLD in Dudley), Known or believed to be other than English (53.6%)
- Special Educational Need (SEN): All SEN (19.3% achieved GLD in Dudley), No identified SEN (68%)
- Free School Meals (FSM): Eligible (44.5% achieved GLD in Dudley), Not eligible (65.9%)

The proportion of children who achieve GLD and are in receipt of Free School Meals (FSM) is lower than the population average. For Dudley in 2021/22 44.5% of these children achieved GLD which is significantly lower than the equivalent in the West Midlands (50.5%) and nationally (49.1%).

Whilst other factors such as term of birth and gender significantly impact on GLD achievement, when the impact of FSM status on GLD is adjusted for these other factors, children on FSM are only about half as likely to achieve GLD indicating that economic deprivation is highly correlated with poor school readiness.

Rates of achievement in Dudley in 2021 were below regional and national rates across all domains.

Table 16 - Rates of achievement in Dudley against EYFS domains at 5-years (2021/22)

Area of Learning	Dudley	West Midlands	England
All prime areas *	70.8	72.6	74.2
All specific areas *	61.1	63.1	64.9
Communication and language	75.8	77.6	79.5
Expressive arts and design	79.7	81.9	84.5
Literacy	65.0	66.3	68.0
Mathematics	72.8	73.5	75.9
Personal, social and emotional development	80.0	81.7	83.0
Physical development	80.9	83.3	84.9
Understanding the world	74.6	77.1	79.6

* Prime goals are Listening, Attention and Understanding, Speaking, Self-Regulation, Managing Self, Building Relationships, Gross Motor Skills, Fine Motor Skills. Specific goals are Comprehension, Word Reading, Writing, Number, Numerical Patterns, Past and Present, People Culture and Communities, The Natural World, Creating with Materials, Being Imaginative and Expressive

The variance by domain is similar across the Family Hub Network areas, with Dudley Central having the lowest level of achievement for all domains.

Table 17 - Attainment at Reception (against EYFS Domains) by FHN area 2022

Family Hub	Brierley Hill	Dudley Central	Dudley North	Halesowen	Stourbridge	Dudley
GLD	60.5%	53.4%	62.3%	69.3%	60.6%	61.2%
All Prime Goals	69.5%	64.9%	69.4%	75.9%	70.2%	69.9%
All Specific Goals	60.7%	52.8%	60.6%	67.9%	63.0%	60.9%
Communication & Language	76.4%	70.9%	72.4%	80.7%	74.7%	75.0%
Expressive Arts and Design	82.0%	73.7%	74.4%	83.1%	83.3%	79.2%
Literacy	63.8%	55.9%	65.0%	72.4%	65.0%	64.4%

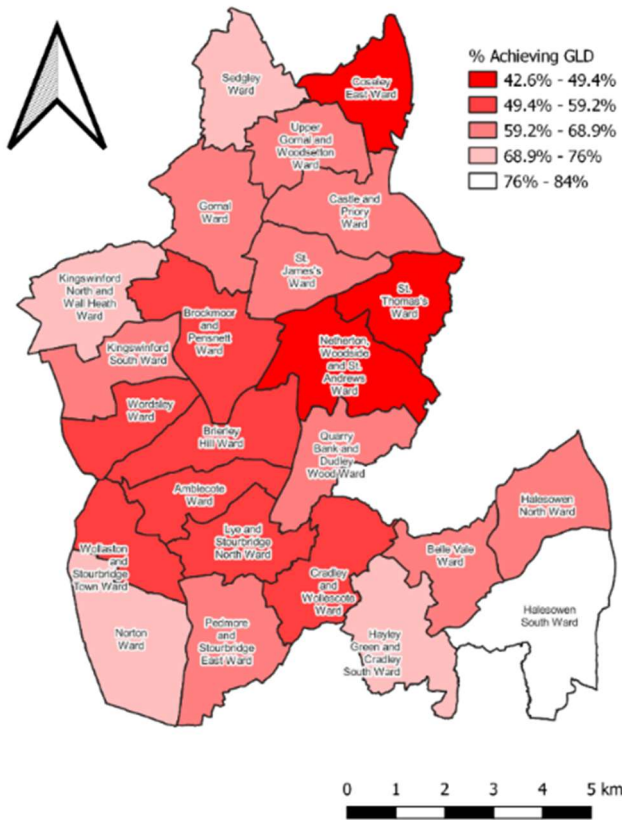
Mathematics	72.8%	67.3%	69.4%	77.0%	74.9%	72.2%
Personal, Social and Emotional Development	79.9%	76.3%	77.0%	84.8%	77.1%	79.1%
Physical Development	80.5%	76.5%	77.8%	84.9%	80.3%	80.0%
Understanding the World	76.6%	69.1%	71.4%	77.1%	77.4%	74.3%

Source: Dudley MBC

There is variation between wards in Dudley. The ward with the lowest achievement of GLD in 2022 was St Thomas' (42.6%) and the ward with the highest achievement of GLD was Halesowen South (84%).

Figure 28 – School Readiness against EYFS domains by Ward

School Readiness: Percentage of children achieving a good level of development at reception age by Electoral Ward 2022



Source: Dudley MBC
 Produced by: Intelligence Team, Dudley MBC
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Special Educational Needs – all age

SEN and disabilities (SEND) can affect a child or young person’s ability to learn. They can affect their:

- behaviour or ability to socialise, for example they struggle to make friends
- reading and writing, for example because they have dyslexia
- ability to understand things
- concentration levels, for example because they have ADHD
- physical ability

Children may be eligible for:

- SEN support in school, like speech and language therapy
- An EHCP – a plan of care for children and young people aged up to 25 who have more complex needs

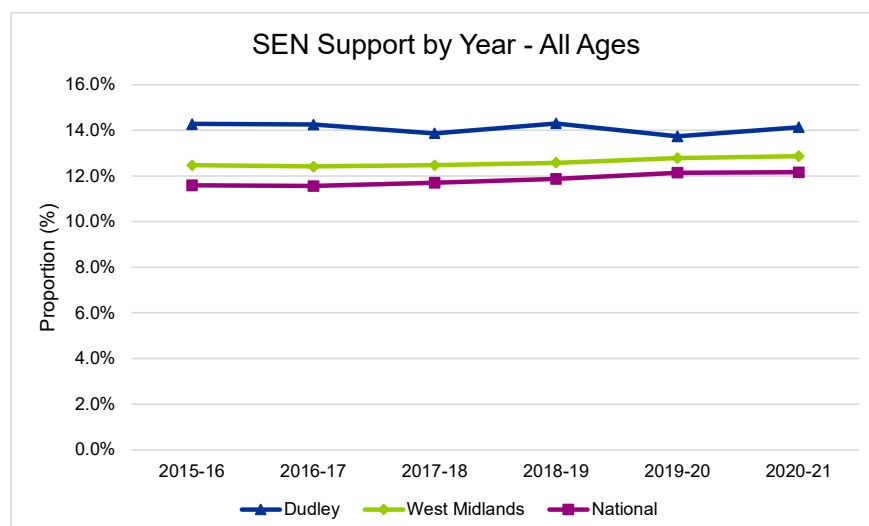
Special education needs in the early years has been described previously (see pages 43 – 45). The following section provides evidence for special education needs for all ages. The percentage of pupils with SEN support in Dudley Borough has remained consistent since 2015/16 both locally and nationally. The percentage in Dudley (14.1%) is above the national (12.2%) and regional (12.9%) averages.

Table 18 - Percentage of Children with SEN Support

Year	Dudley	West Midlands	National
2015-16	14.3%	12.5%	11.6%
2016-17	14.3%	12.4%	11.6%
2017-18	13.9%	12.5%	11.7%
2018-19	14.3%	12.6%	11.9%
2019-20	13.7%	12.8%	12.1%
2020-21	14.1%	12.9%	12.2%

Source: <https://explore-education-statistics.service.gov.uk/data-catalogue/special-educational-needs-in-england/2020-21> - Pupils in all schools, by type of SEN provision - including independent schools and general hospital schools - 2016 to 2021

Figure 29 - SEN support by year – All Ages



The majority of children with special educational needs and disabilities will have their needs met within school settings. Needs can be met through school-based interventions or with additional advice from external agencies. However, a small number of children and young people may not make expected academic progress and the school, or the family, may apply for an ECP. It is a legal document which is established to describe the needs, detail the provision, and name an educational placement for a child or young person.

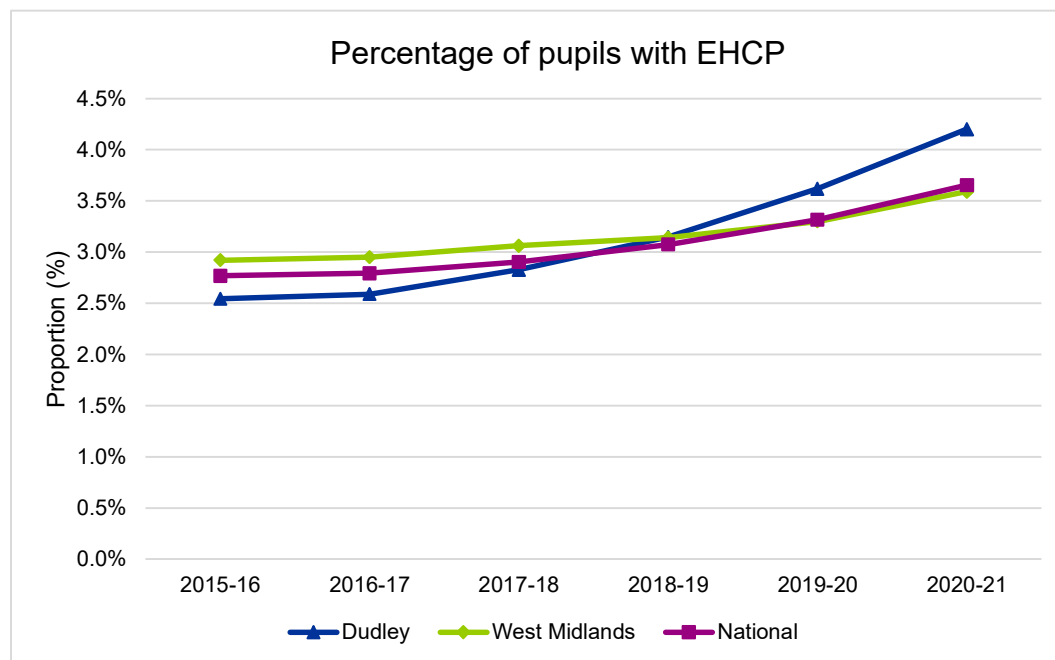
The EHCP is for children and young people aged 0-25 years with the most complex needs where “reasonable adjustment” does not meet their needs. The percentage of pupils with EHCP has increased since 2015/16 both locally and nationally. The percentage in Dudley (4.2%) - which shows an upward trend - is above the national (3.7%) and regional (3.6%) average.

Table 19 - Children with EHC Plans

Year	Dudley	West Midlands	National
2015-16	2.5%	2.9%	2.8%
2016-17	2.6%	3.0%	2.8%
2017-18	2.8%	3.1%	2.9%
2018-19	3.1%	3.1%	3.1%
2019-20	3.6%	3.3%	3.3%
2020-21	4.2%	3.6%	3.7%

Source: <https://explore-education-statistics.service.gov.uk/data-catalogue/special-educational-needs-in-england/2020-21>
01 - Pupils in all schools, by type of SEN provision - including independent schools and general hospital schools - 2016 to 2021

Figure 30 - EHC Plan by Year – All Ages



Source: <https://explore-education-statistics.service.gov.uk/data-catalogue/special-educational-needs-in-england/2020-21>
Pupils in all schools, by type of SEN provision - including independent schools and general hospital schools - 2016 to 2021

The most common primary need of SEN pupils (SEN support and EHC) of all ages in Dudley in 2020/21 was moderate learning difficulties (2,433 pupils / 28.2% of SEN pupils) followed by speech, language, and communication needs (2,616 pupils / 26.9% of SEN pupils) and then social, emotional and mental health needs (1,394 pupils / 16.2% of SEN pupils). See Figure 31.

Nationally, speech, language and communication needs were the most common primary need (22.6% of SEN pupils) followed by emotional and mental health needs (18.4% of SEN pupils) and then moderate learning difficulties (18.0% of SEN pupils).

At reception age speech, language and communication needs are by far the most common primary need for pupils with an identified special educational need.

Table 20 - Number of Children by Primary Need 2022

SEN Type	Pupil Count
Speech, language and communication needs	342
Social, emotional and mental health	40
Hearing impairment	14
Autistic spectrum disorder	12
Physical disability	8
Other SEN Type	27
Total	443

Source: Dudley MBC School Census January 2022

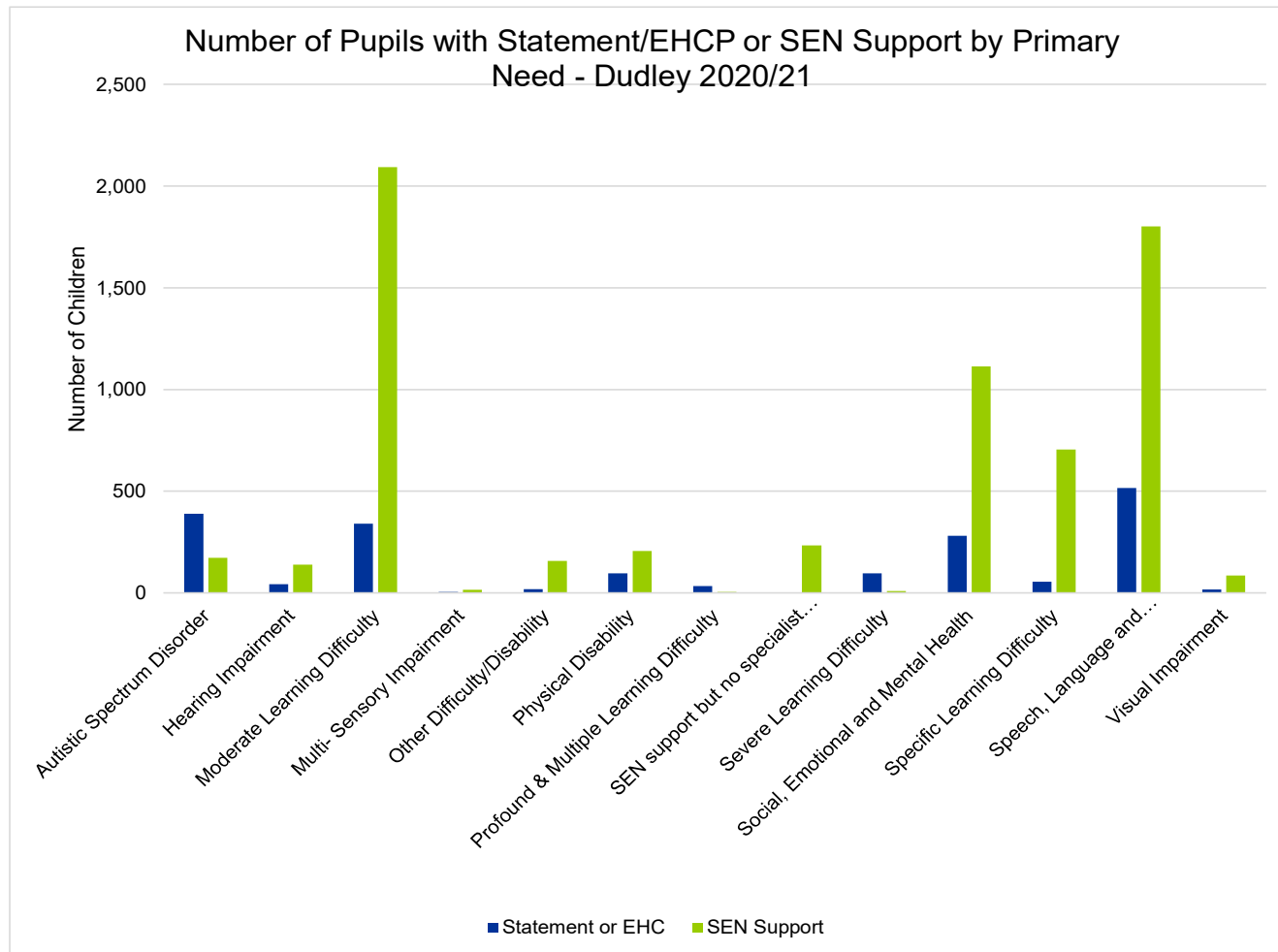
For reception pupils the Family Hub Network area with the highest proportion of identified special educational need was Dudley Central.

Table 21 - Percentage of Children with SEND by FHN area 2022

Family Hub	SEND
Brierley Hill	13.2%
Dudley Central	13.5%
Dudley North	13.0%
Halesowen	10.9%
Stourbridge	11.7%
Grand Total	12.5%

Source: Dudley MBC School Census January 2022

Figure 31 – Primary Need



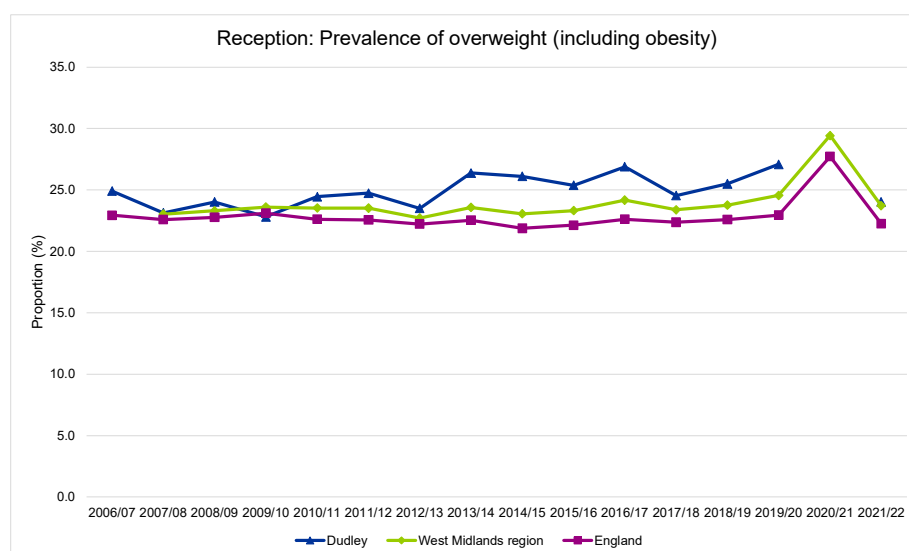
Source: <https://explore-education-statistics.service.gov.uk/data-catalogue/special-educational-needs-in-england/2020-21> 02 - Age and Gender, by type of SEN provision and type of need - 2016 to 2021

Health care

Childhood obesity

Childhood obesity can profoundly affect children's physical health, social, and emotional well-being, and self-esteem. It is also associated with poor academic performance and a lower quality of life experienced by the child. In 2021/22, the prevalence of obesity in reception in Dudley Borough was 11.0%, which was similar to the West Midlands average (11.3%), but slightly higher than the England (10.1%) rate.

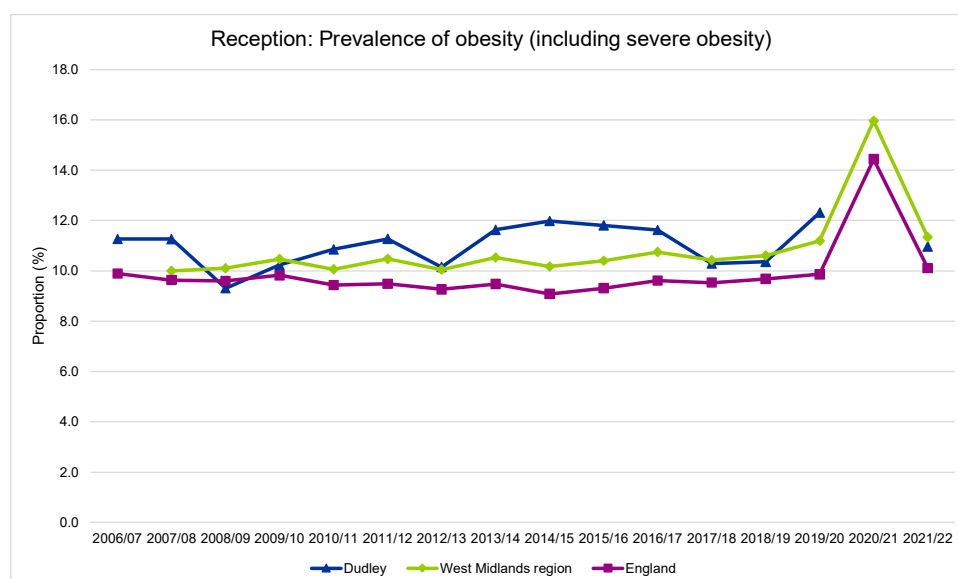
Figure 32 – Prevalence of overweight children in Reception (2021/22)



Source: OHID Fingertips

In 2021/22, the prevalence of overweight and obesity in Year 6 in Dudley Borough was 24.0% which was similar to the West Midlands average (23.7%) but significantly worse than the England average (22.3%).

Figure 33 – Prevalence of overweight in Year 6



Source: OHID Fingertips

The proportion of children who were overweight or obese in the period 2016/17 to 2021/22 (excluding 2020/21, as no data recorded) was highest in the Dudley North Family Hub Network area.

Table 22- Proportion of overweight children by FHN area

Family Hub Area	Proportion Overweight or Obese
Brierley Hill	22.2%
Dudley Central	26.3%
Dudley North	30.0%
Halesowen	24.6%
Stourbridge	24.3%
Dudley	25.5%

Source: Dudley MBC NCMP

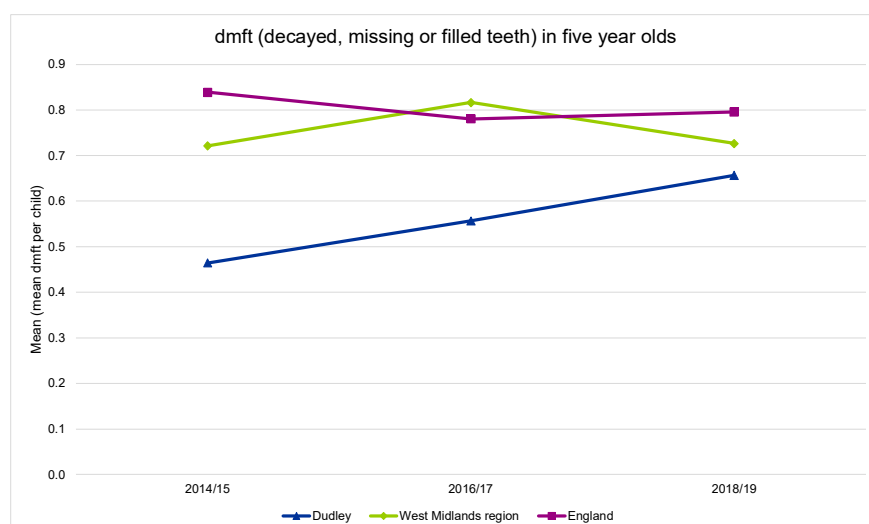
Oral health

Tooth decay is the most common oral disease affecting child and young people in England, yet it is largely preventable. Tooth decay can cause problems with eating, sleeping, socialising and communication and can impact on school readiness through school days missed and loss of sleep.

Reviews of studies conducted around the world confirm that water fluoridation is an effective and safe public health measure suitable for consideration in localities where tooth decay levels are of concern⁴⁴. Dudley Council has had a water fluoridation scheme in place for over 10 years with the Primary Care Trusts responsible prior to that, so we would expect to see lower rates than comparative areas without a scheme in place.

The proportion of 5-year-olds with experience of visually obvious tooth decay in Dudley in 2018/19 was 22.6%. This is similar to the national (23.4%) and regional (22.7%) figures.

Figure 34 – Mean Number of Decayed, Missing of Filled Teeth in 5 Year Olds



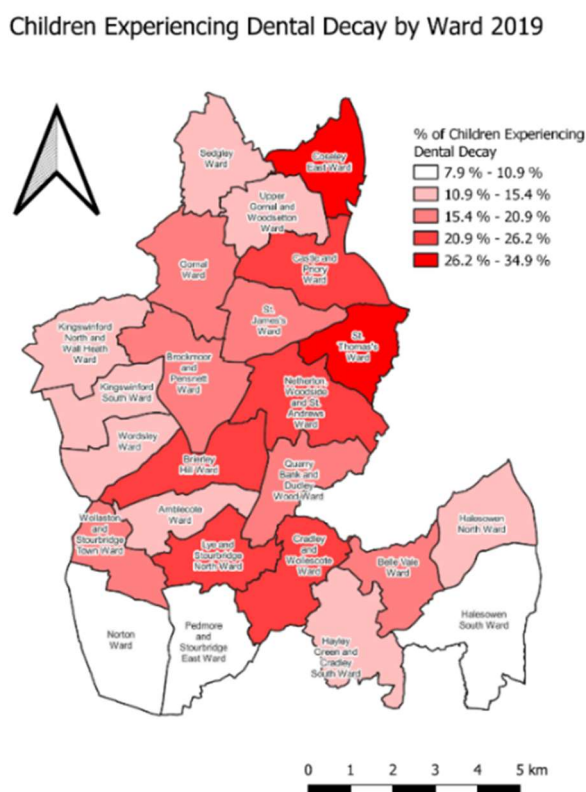
Source: OHID Fingertips

⁴⁴ Water fluoridation Health monitoring report for England 2022 Published 21 March 2022. OHID https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1060471/water-fluoridation-health-monitoring-report-2022.pdf

In a sample of children, from Dudley, the mean number of teeth per child that were either actively decayed or had been filled or extracted was 0.7, which was better than the national mean (0.8) and similar to the West Midlands' mean (0.7). However, Dudley has seen an upward trend in the mean number of decayed teeth, fillings or extractions since 2014-15.

There is variation between wards within Dudley. The ward with the highest percentage of tooth decay is St Thomas' (34.9%) in the Dudley Central Family Hub Network area and the ward with the lowest percentage is Hayley Green and Cradley South (7.9%) in the Halesowen Family Hub Network.

Figure 35 – Children Experiencing Dental Decay by Ward



Source: Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children
 Produced by: Intelligence Team, Dudley MBC
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Table 23 - Percentage of Children with Dental Decay by Ward / FHN area

Ward Name	Family Hub	Percentage with Dental Decay
St Thomas's	Dudley Central	34.9%
St James's	Dudley Central	31.0%
Castle & Priory	Dudley North	30.0%
Brierley Hill	Brierley Hill	29.0%
Upper Gornal & Woodsetton	Dudley North	28.0%
Cradley & Wollescote	Halesowen	26.2%
Halesowen North	Halesowen	24.4%

Quarry Bank & Dudley Wood	Dudley Central	23.7%
Coseley East	Dudley North	23.3%
Kingswinford South	Brierley Hill	23.1%
Brockmoor & Pensnett	Brierley Hill	20.9%
Pedmore & Stourbridge East	Stourbridge	20.6%
Lye & Stourbridge North	Stourbridge	20.3%
Netherton, Woodside & St Andrew	Dudley Central	20.0%
Halesowen South	Halesowen	19.7%
Belle Vale	Halesowen	19.0%
Amblecote	Stourbridge	17.9%
Kingswinford North & Wall Heath	Brierley Hill	15.4%
Gornal	Dudley North	14.6%
Wollaston & Stourbridge Town	Stourbridge	13.9%
Sedgley	Dudley North	10.9%
Norton	Stourbridge	9.8%
Wordsley	Brierley Hill	8.1%
Hayley Green & Cradley South	Halesowen	7.9%

Source: PHE Oral Health Profile Dudley 2021

Dudley has 42 general dental practices; which offer a range of routine dental services; 13 of these also provide orthodontic services. There is in addition 1 specialist Orthodontic practice. Secondary care is provided by the DGFT although patients are free to request to be referred to any other hospital, and there are several other hospitals in the Black Country or neighbouring areas where patients may choose to receive treatment.

Patients may have to travel to the Dental Hospital in Birmingham for more specialist services such as complex restorative dentistry or oral medicine or to the Children's Hospital where a child has complex medical issues.

Prior to the pandemic there were campaigns, such as the Starting Well Scheme, to encouraging parents to take their children to the dentist from an early age. The impact of the Covid pandemic and backlogs in community dentistry may have impacted on access to services for families in Dudley.

Health protection

Childhood Vaccinations

Routine childhood vaccinations are given at 2, 3 and 4 months, 13 months and at three and a half years of age. Population uptake for all childhood vaccinations in Dudley is higher than regional and national rates but many are showing a downwards trend and a fall below the 95% coverage benchmark.

Table 24 - Vaccination Trend in Dudley

Indicator	Age	Time period	Recent Trend	Compared to England value or percentiles	Compared to Region value or percentiles	Indicator Value
Population vaccination coverage: Dtap IPV Hib (1 year old)	1 yr.	2021/22	Decreasing and getting worse	Better	Better	94.6
Population vaccination coverage: Hepatitis B (1 year old)	1 yr.	2021/22	Cannot be calculated	Not compared	Not compared	100.0
Population vaccination coverage: PCV	1 yr.	2019/20	No significant change	Better	Better	96.1
Population vaccination coverage: Dtap IPV Hib (2 years old)	2 yrs.	2021/22	Decreasing and getting worse	Better	Better	94.6
Population vaccination coverage: Hepatitis B (2 years old)	2 yrs.	2021/22	Cannot be calculated	Not compared	Not compared	100.0
Population vaccination coverage: Hib and MenC booster (2 years old)	2 yrs.	2021/22	Decreasing and getting worse	Better	Better	92.3
Population vaccination coverage: MMR for one dose (2 years old)	2 yrs.	2021/22	Decreasing and getting worse	Better	Better	92.8
Population vaccination coverage: PCV booster	2 yrs.	2021/22	Decreasing and getting worse	Better	Better	92.3
Population vaccination coverage - Hib / Men C booster (5 years old)	5 yrs.	2017/18	Increasing and getting better	Better	Better	97.6
Population vaccination coverage: MMR for one dose (5 years old)	5 yrs.	2021/22	Decreasing and getting worse	Better	Better	95.6
Population vaccination coverage: MMR for two doses (5 years old)	5 yrs.	2021/22	Decreasing and getting worse	Better	Better	90.4

Source: OHID Fingertips

Safeguarding children

Safeguarding is the action that is taken to promote the welfare of children and protect them from harm and is everyone's responsibility.

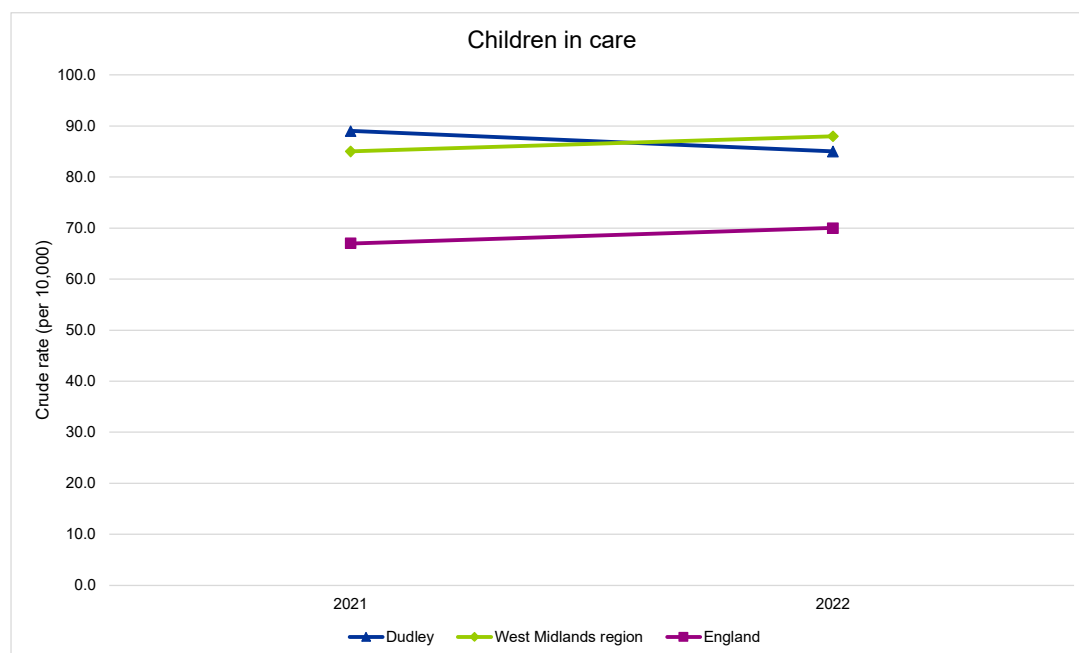
Safeguarding means:

- protecting children from abuse and maltreatment
- preventing harm to children's health or development
- ensuring children grow up with the provision of safe and effective care
- taking action to enable all children and young people to have the best outcomes.

Child protection is part of the safeguarding process. It focuses on protecting individual children identified as suffering or likely to suffer significant harm. This includes child protection procedures which detail how to respond to concerns about a child.

Whilst most children are best cared for by their own families, in the small number of cases where parents are unable to safely provide for their children, legal proceedings may result in children becoming looked after by the local authority.

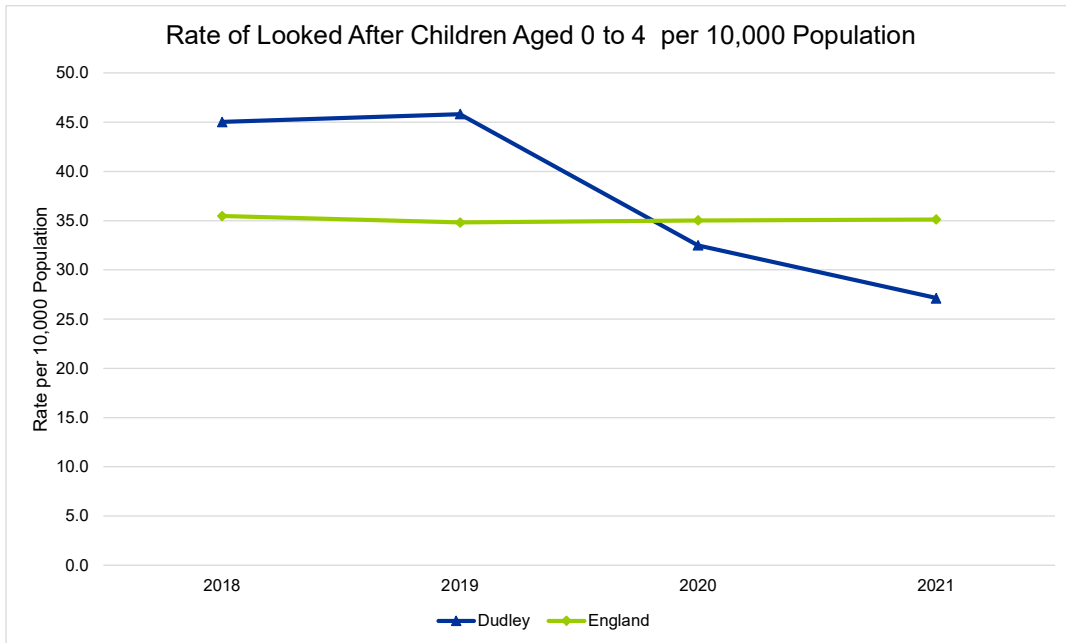
Figure 36 – Children in Care (2022)



Source: OHID Fingertips

In 2022, 85 per 10000 children were looked after, which is higher than the national rate (67 per 10,000) and similar to the regional rate (70 per 10,000). In 2022, 585 children were looked after by the local authority.

Figure 37 – Number of Children Aged 0-4 Looked After (2021)



Source: <https://explore-education-statistics.service.gov.uk/data-catalogue/children-looked-after-in-england-including-adoptions/2022>

In 2021, 27.1 per 10,000 children aged 0 to 4 were looked after in Dudley Borough, which is slightly below the national rate of 35.1 per 10,000. The rate of looked after children aged 0 to 4 in Dudley has fallen significantly over the last 4 years.

Mortality

The death of a child is a tragic and devastating experience for any family. Infant mortality is a key indicator of the general health of the entire population. The NHS Long Term Plan⁴⁵ reiterates the NHS commitment to a 50% reduction in stillbirth, maternal mortality, neonatal mortality and serious brain injury and a reduction in preterm birth rate, from 8% to 6%, by 2025.

National data indicates that babies born to women living in the most deprived areas are twice as likely to be stillborn and have a 73% increased risk of neonatal death compared to babies born to women living in the least deprived areas⁴⁶. This inequality trend has increased since 2015.

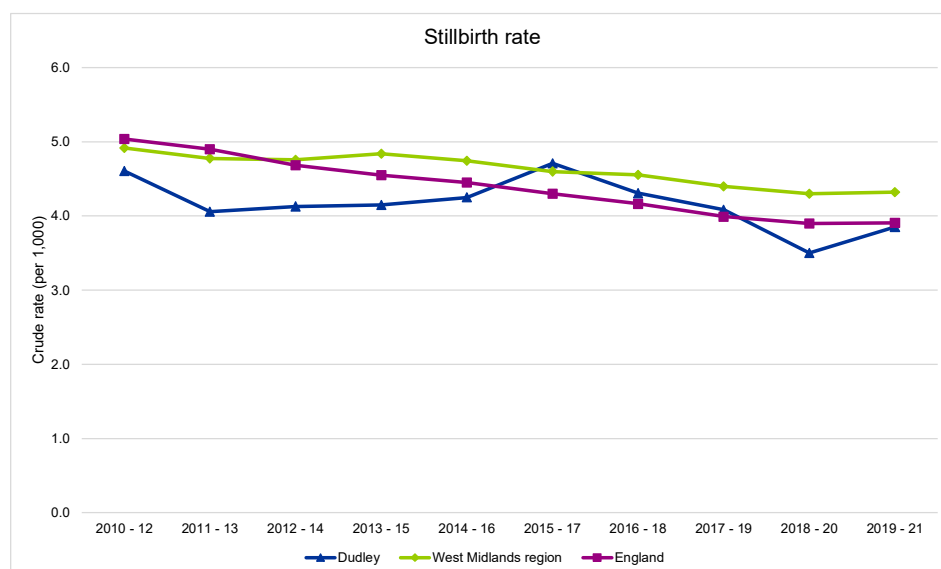
Perinatal and infant mortality remains high for babies of Black and Asian ethnicity. Black babies are twice as likely to be stillborn compared to babies of white ethnicity, with a 43% excess rates of neonatal mortality. For babies of Asian ethnicity, there is a 60% increase in rate of perinatal mortality compared to babies of white ethnicity.

Babies born to mothers under the age of 20 or over 40 are more likely to be stillborn or die in the first four weeks of life.

Stillbirth

Stillbirth is defined as a birth after 24 weeks gestation where the baby shows no signs of life following birth. Dudley's stillbirth rate has decreased in the past 10 years, most notably since 2017 and following the national trend. This is likely to be related to various national initiatives to reduce perinatal mortality across the UK. However, the national ambition to half rates of stillbirth over ten years to 2025 is unlikely to be met.

Figure 38 – Stillbirth Rates per 1,000



Source: OHID Fingertips

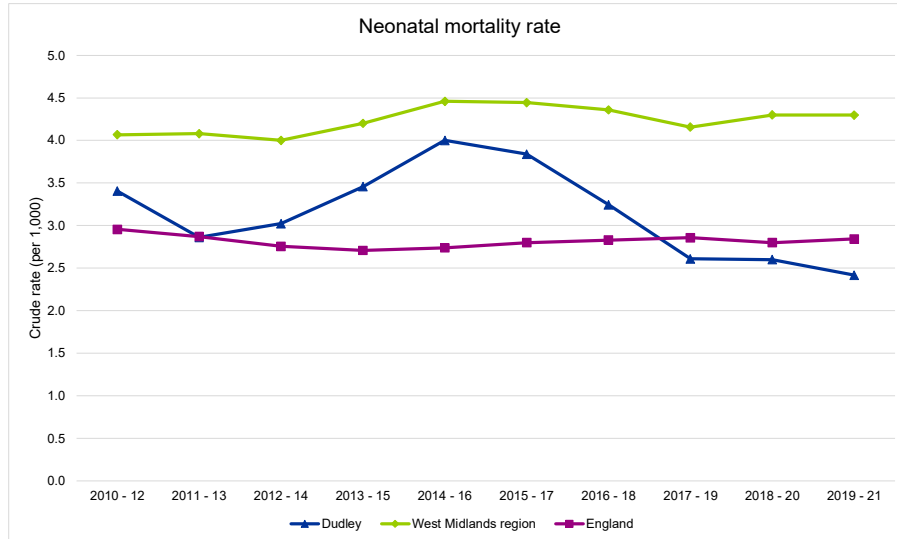
⁴⁵ NHS (2019) NHS Long Term Plan [Online] [NHS Long Term Plan v1.2 August 2019](#)

⁴⁶ MBRRACE-UK (2021) Perinatal Mortality Surveillance Report: UK Perinatal Deaths for Births from January to December 2019 [MBRRACE-UK Perinatal Surveillance Report 2019 - Final v2.pdf \(ox.ac.uk\)](#)

Neonatal mortality

Neonatal mortality refers to the deaths of live born infants who are up to 28 days old. Around three quarters of neonatal deaths in Dudley are due to complications of prematurity, with a further 10% linked to infections. Nationally, 42% of all child deaths occur in the first 28 days of life.

Figure 39 – Neonatal Mortality Rate per 1,000



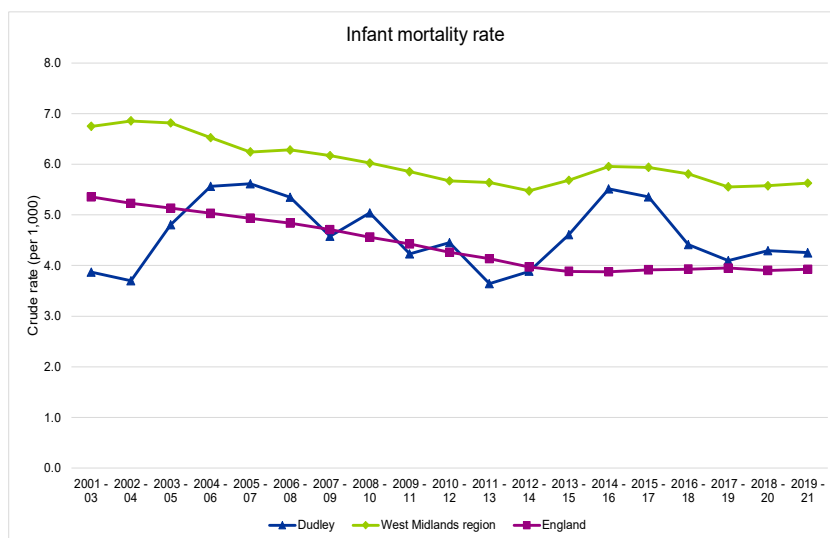
Source: OHID Fingertips

Rates in Dudley are below the West Midlands rates, though the trend shows no significant decrease in deaths. However, Dudley has the lowest neonatal mortality in the West Midlands and has similar rates to statistical neighbours.

Infant mortality

Infant mortality includes all live born babies that die before their first birthday. Dudley's crude infant mortality rate is the lowest rate within the West Midlands Metropolitan area. However, the West Midlands is a statistical outlier for infant mortality; Dudley's rate is similar to the national average and to Childrens Services Statistical Neighbour Benchmarking Tool (CSSNBT) statistical neighbours.

Figure 40 – Infant Mortality Rate per 1,000



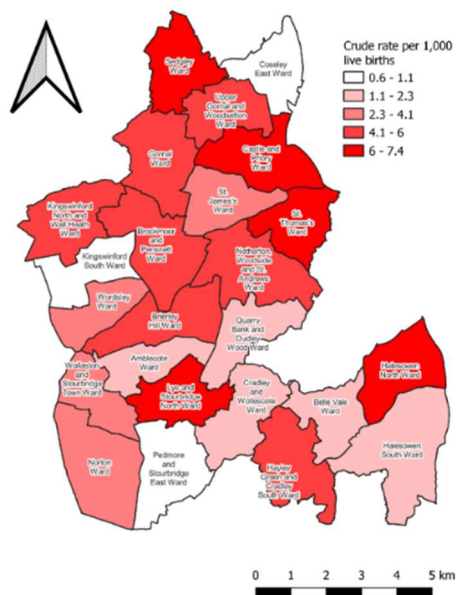
Source: OHID Fingertips

There is wide geographical variation across the borough, with 7.4 deaths per 1000 live births in St Thomas' ward in the Dudley Central Family Hub Network and 0.6 per 1000 in Coseley East in the Dudley North Family Hub Network. However, it should be noted that small numbers make trends and comparative analysis difficult.

There is no national commitment to reducing infant mortality. However, rates of infant mortality in Dudley are now higher than in 2001. A similar picture is seen across many West Midlands Local Authority areas, including those in the Black Country.

Figure 41 - Infant Mortality Rate per 1,000 by Ward

Infant mortality rate 2012-21. Crude rate per 1,000 live births



Source: ONS births and deaths data
 Produced by: Intelligence Team, Dudley MBC
 © Crown Copyright and database right 2022. Ordnance Survey 100019566.

Maternal mortality

Maternal mortality is any woman who dies during pregnancy or within 6 weeks after the end of pregnancy (concluding in birth or pregnancy loss). Death of mothers during or after pregnancy is rare, and therefore not reported on a local geographical basis. In 2017-19, 191 women died in the UK and Ireland from causes associated with their pregnancy. The UK rate of maternal mortality is 8.8 women per 100,000 live births, a rate which has remained static since 2010-12. Cardiac disease and neurological causes are most common causes of maternal death during pregnancy, with maternal suicide being the most common cause of death up to a year following the end of pregnancy.

Black mothers are four times more likely to die in the childbearing year compared with white mothers. Mothers of Asian ethnicity are twice as likely to die compared to white mothers. Those living in the most deprived areas have an 83% excess risk of death compared to those living in the least deprived areas⁴⁷.

⁴⁷ MBRRACE (2021) Saving Lives, Improving Mothers' Care Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2017-19. [MBRRACE-UK Maternal Report 2021 - FINAL - WEB VERSION.pdf \(ox.ac.uk\)](https://www.mbrpace.org.uk/wp-content/uploads/2021/06/MBRRACE-UK_Maternal_Report_2021_-_FINAL_-_WEB_VERSION.pdf)

Wider Determinants of Health

Health Literacy

Health literacy refers to people having the appropriate skills, knowledge, understanding and confidence to access, understand, evaluate, use and navigate health and social care information and services. In England, 42% of working-age adults are unable to understand and make use of everyday health information, rising to 61% when numeracy skills are also required for comprehension⁴⁸.

We do not have data at a local level to compare but there is no evidence to suggest that our rates would differ significantly from the national average. People with low health literacy, compared with the general population:

- are 1.5-3 times more likely to experience increased hospitalisation or death, and are more likely to have depression
- are more likely to struggle with managing their and their family's health and wellbeing, and are thus at increased risk of developing multiple health problems
- use fewer preventative and health promotion services, such as cancer screening and flu vaccinations, and have less recall and adherence to medical instructions and healthcare regimes
- find it more difficult to access appropriate health services, make more use of accident and emergency services and have longer in-patient stays
- have less effective communication with health and social care practitioners and are less likely to engage in active discussions about their health options, potentially leading to their health needs being hidden⁴⁸

Health literacy is influenced by services' engagement of users and provision of clear, accessible information for all; known as service responsiveness. It is important that all providers of maternity and early years services adopt strategies such as the "teach back method" to ensure that their offer is health literate. The available evidence suggests that strategies to improve health literacy are important empowerment tools with potential to reduce health inequalities.

It is therefore recommended that an early intervention approach, ensuring that health literacy promotion is fully integrated into early years and school curriculums is adopted. Also, the community-based, peer-support through the FH/SfL programme could also help to distribute health literacy among social networks.

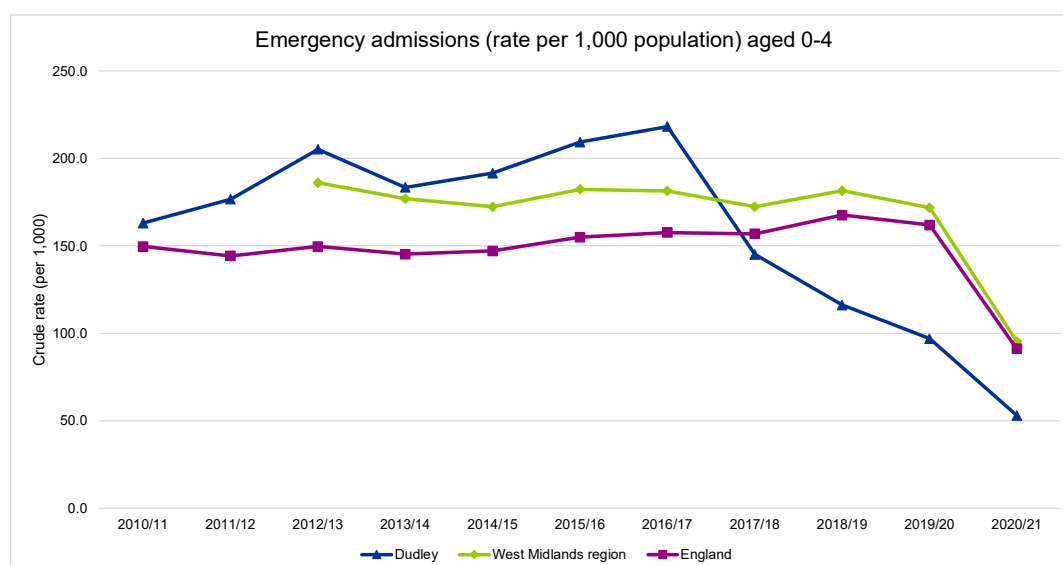
Emergency Hospital Admissions

People living in areas with high deprivation use more emergency care in general and appear to attend A&E for less serious conditions⁴⁹. Most preventable emergencies, especially for ambulatory care-sensitive conditions, could be reduced by more timely or appropriate intervention in the community.

⁴⁸ Roberts, J. (2015) Improving health literacy to reduce health inequalities
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/460710/4b_Health_Literacy-Briefing.pdf

⁴⁹ <https://www.nuffieldtrust.org.uk/files/2017-12/nt-admissions-of-inequality-web.pdf>

Figure 42 – Emergency Admissions of Children Aged 0-4 years per 1,000



Source: OHID Fingertips

The emergency admission rate per 1000 population aged 0-4 in Dudley in 2020/21 was 53.1. This is significantly lower than the national (91.2) and West Midlands region (95.3). There was a large drop in the number of admissions in 2020/21. This could be attributed to Covid-19. In 2021/22 the provisional rate of admissions in Dudley has increased back to 95.1 per 1,000 population which is a significant increase and requires further investigation.

Admissions of children aged 0 to 4 by Family Hub Network area were highest in Dudley Central over the period 2017/18 to 2021/22. The ward with the highest rate of admissions over this period was St James’s with 174.4 per 1,000 population

Table 25 - Number of 0-4yr olds admitted to hospital during 17/18 to 21/22 by FHN

Family Hub	Admissions 17/18 to 21/22	Rate per 1,000 population
Brierley Hill	2,117	110.6
Dudley Central	2,076	124.7
Dudley North	1,989	83.9
Halesowen	1,767	96.1
Stourbridge	1,558	97.1
Grand Total	9,507	101.2

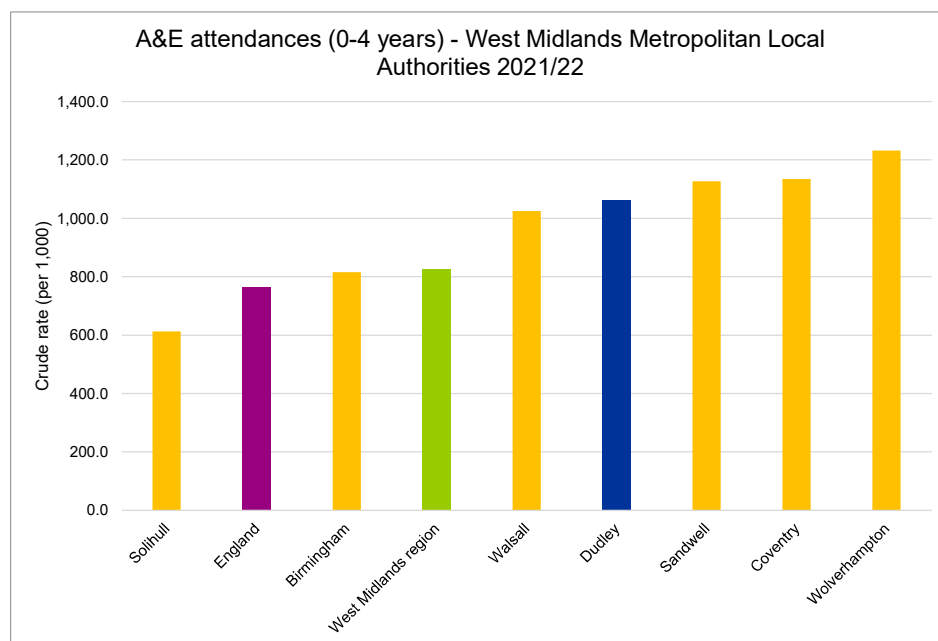
Source: HES NHS Digital

Admissions of children aged 0 to 4 caused by unintentional and deliberate injuries were significantly lower in Dudley (58.1 per 1,000 population) than the regional (100.1) and national (103.6) rates in 2021/22. Low numbers (approximately 100 admissions per year in Dudley) mean that small area comparisons are not statistically robust.

A&E attendances by children aged 0 to 4 in 2021/22 in Dudley (1,061.9 per 1,000 population) were higher than the regional average (827.4 per 1,000) and England Average (762.8 per 1,000). The rate was also higher than all but one of the statistical neighbour authorities.

It is recommended that the doubling of admission rates post COVID 19 and the higher-than-average A&E attendances during 2021/22 warrants further investigation as it may be indicative of pressures elsewhere in the system i.e., primary care or may identify areas where primary prevention work in universal services may be beneficial.

Figure 43 – A&E attendances of 0-4yr olds per 1,000 (2021-22)



Source: OHID Fingertips

Locally calculated rates show that the highest rates by Family Hub Network area for the period 2017/18 to 2021/22 were in the Dudley Central Area.

Table 26 - Number of A&E Attendances for 0-4yr Olds by FHN area (2017/8 to 2021/22)

Family Hub Network Area	A&E Attendances	Rate per 1,000 Pop
Brierley Hill	9,931	518.8
Dudley Central	10,081	605.5
Dudley North	11,646	491.4
Halesowen	7,911	430.2
Stourbridge	6,657	414.8
Grand Total	46,226	492.1

Source: HES NHS Digital

Early Help

The Dudley Early Help Strategy⁵⁰ was refreshed for 2021 –24 with the overarching aim to help children, young people and their families thrive with a focus on the Early Years. It was a commitment for partnership to ensure the most effective and co-ordinated working to support children and families as early as possible.

⁵⁰ <https://www.dudley.gov.uk/residents/care-and-health/children-and-family-care/early-help-for-children-and-families/>

The strategic vision is expected to be achieved by:

- Taking the right approach - friendly, reassuring, down to earth conversations and a self-serve ethos helping families to help themselves
- In the right place - All our partners are alert and willing to offer Early Help where children young people and families ordinarily go day to day
- At the right time - Help at an early stage of the problem, or early in a child's life.

Since the refresh of the strategy there has been an increase in the number of children in the F1001D with open early help cases. This could be attributed to a greater understanding on the fundamental approach of helping earlier in the life of the child rather than an increase in need, however this requires further exploration to evidence this.

The Family Hub Network area with the greatest number of children in the F1001D with an open case during 2022 was the Halesowen area. Prior to 2022, the highest numbers were seen in Dudley Central and Dudley North.

Figures have increased year on year between 2018 until 2021, with an anticipated sharp rise due to COVID-19 and the impact of lockdown on families is not evident. This may be because of reduced contact with services by families, resulting in reduced early identification of need.

For families with older sibling receiving support from early help, the Family Hub Network area with the greatest number of families has alternated year on year between Dudley Central and Halesowen.

It is important to note that the workforce pressures experienced in the health system, are also mirrored in the family solutions and childcare workforce in Dudley.

The integration of F1001D teams within Family Hubs, and increased universal provision through new Family Hubs Networks, is expected to strengthen earlier identification, enable better communication between families and professional, and improved referral / navigation.

Increased resources are required for universal children's services, with permission for targeted services to engage proactively in preventative activities as part of this offer. Support should identify family strengths and community assets to help families to meet their potential. Support must react and flex as a family's needs for these services changes.

Table 27 – Number of open Early Help Cases for children in the F1001D and for an older child with a sibling under 2 years

Year/Family Hub Network	No. of families with open EH cases for children in F1001D	No. of families with open EH case for older child – sibling in F1001D	Total Children Under 2
2018	152	76	228
Brierley Hill FC Cluster	33	16	49
Dudley Central FC Cluster	36	25	61
Dudley North FC Cluster	38	14	52
Halesowen FC Cluster	19	15	34
Stourbridge FC Cluster	26	6	32
2019	208	99	307
Brierley Hill FC Cluster	33	19	52
Dudley Central FC Cluster	65	18	83

Dudley North FC Cluster	46	26	72
Halesowen FC Cluster	44	31	75
Stourbridge FC Cluster	20	5	25
2020	313	128	441
Brierley Hill FC Cluster	62	27	89
Dudley Central FC Cluster	57	27	84
Dudley North FC Cluster	87	25	112
Halesowen FC Cluster	71	32	103
Stourbridge FC Cluster	36	17	53
2021	420	282	702
Brierley Hill FC Cluster	77	26	103
Dudley Central FC Cluster	123	106	229
Dudley North FC Cluster	49	27	76
Halesowen FC Cluster	75	60	135
Stourbridge FC Cluster	94	56	150
Unknown FC Cluster	2	7	9
2022	419	224	643
Brierley Hill FC Cluster	85	34	119
Dudley Central FC Cluster	80	54	134
Dudley North FC Cluster	87	41	128
Halesowen FC Cluster	114	70	184
Stourbridge FC Cluster	53	25	78
Grand Total	1512	809	2321

Source: Dudley MBC

Adverse Childhood Experiences (ACE)

Abuse and other stressors during childhood have been demonstrated to impact on behaviour and health during adulthood. The first studies examining ACEs found that the following factors were associated with future health-harming behaviours:

- Poverty
- Parental separation
- Living with domestic violence in the household
- Community violence
- Prejudice
- Being physically, verbally, or sexually abused
- Neglect
- Bereavement
- Taking on adult responsibilities
- Living with a person with mental illness or substance misuse
- Parental criminality or having a parent who is in prison^{51, 52}.

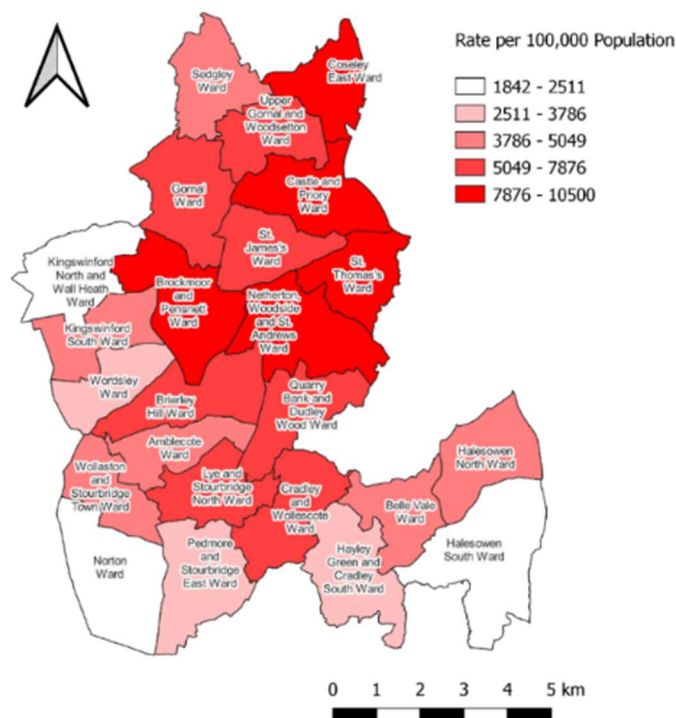
⁵¹ Barnados, Stronger Families: Mental Health and Wellbeing [Internet] Available at: <https://impact.barnardos.org.uk/our-work/stronger-families#footnotes>

⁵² Felitti V, Anda R, Nordenberg D, Williamson D, Spitz A, Edwards V et al. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. American Journal of Preventive Medicine. 1998;14(4):245-258.

ACEs have been linked to behaviours in adolescence and adulthood including increased substance misuse, antisocial behaviour, increased risk of unintended pregnancies and being a victim or perpetrator of violence. This perpetuates the cycle of ACEs on to the next generation. ACEs have also been linked to an increased risk of adult physical ill health including obesity, cardiovascular disease, cancer, chronic lung disease and diabetes. A graded relationship between the number of ACEs experienced and risk of poor health outcomes has been demonstrated. ACEs are predictive of health harming behaviours independent of socioeconomic status⁵³.

The term trio of vulnerabilities is used to describe the risk of child abuse and neglect linked to a combination of parental mental illness or learning disability, domestic violence, and substance misuse.⁵⁴ This has become a key tenant of children’s safeguarding practice in the UK but has received criticism due to the lack of evidence and inattention to contextual factors, such as socioeconomic circumstances.⁵⁵ The greatest burden of vulnerabilities in 0-17 year olds are present in Central Dudley and North Dudley Family Hub Network areas

Figure 44 – Rates of 0-17yrs with one of the trio of vulnerabilities in 2021 by Ward during 2021



Source: Dudley MBC

⁵³ Bellis M, Lowey H, Leckenby N, Hughes K, Harrison D. Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population. *Journal of Public Health*. 2013;36(1):81-91.

⁵⁴ Brandon M, Bailey S, Belderson P, Gardner R, Sidebotham P, Dodsworth J, Warren C, Black J. (2008) *Understanding Serious Case Reviews and their Impact: A Biennial Analysis of Serious Case Reviews 2005–07*, London, Department of Children, Schools and Families.

⁵⁵ Skinner G, Bywaters P, Bilson A, Duschinsky R, Clements K and Hutchingson D (2021) The “toxic trio” ((domestic violence, substance misuse and mental ill-health): How good is the evidence base?. *Children and Youth Services Review* 120 [The ‘toxic trio’ \(domestic violence, substance misuse and mental ill-health\): How good is the evidence base? - ScienceDirect](https://doi.org/10.1016/j.childyouth.2021.105700)

Children in Need – Neglect and Abuse

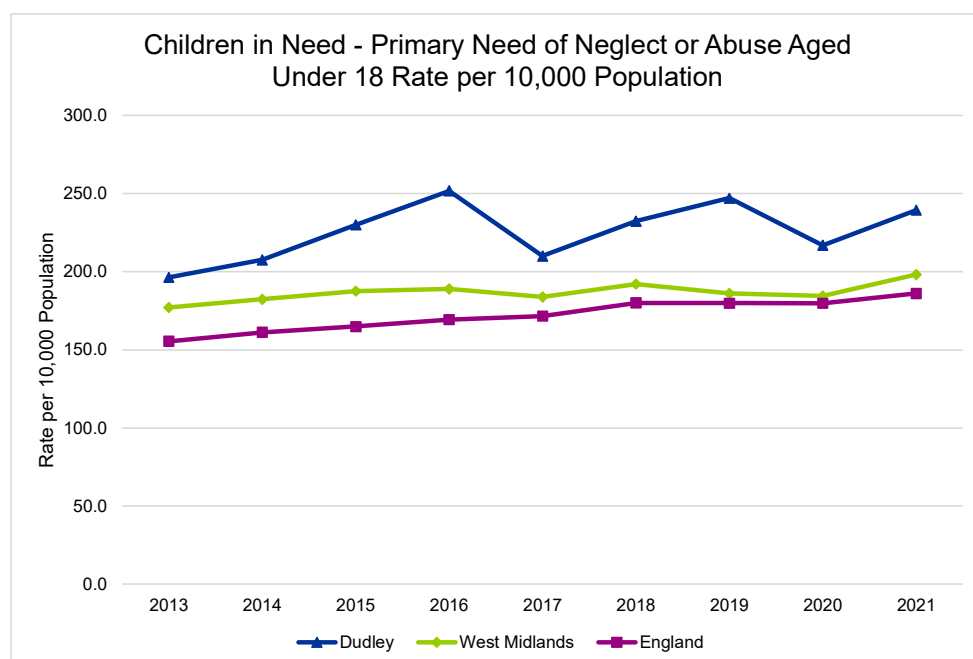
Neglect is a serious issue and can compromise a child’s development across several domains. There is evidence that demonstrates the adverse effect of neglect on all the seven dimensions of development including health, education, identity, emotional and behavioural development, family and social relationships, social presentation, and self-care skills. Therefore, early identification and timely intervention are extremely important to ensure the safety, wellbeing and continued appropriate development of children and young people. Dudley is committed to tackling the issue of neglect effectively.

It is important to remember that neglect can be fatal to the child.

"The majority of neglect related deaths of very young children involve accidental deaths and sudden unexpected deaths in infancy where there are pre-existing concerns about poor quality parenting and poor supervision and dangerous, sometimes unsanitary, living circumstances which compromise the children's safety these issues include the risks of accidents such as fires and the dangers of co-sleeping with a baby where parents have substance and/or alcohol misuse problems."⁵⁶

Nationally the trend of children in need - where the primary need is neglect or abuse - shows an increasing trend. In Dudley, rates have increased since 2013. In 2021, there were 239.4 children in need per 10,000 children aged under 18. This is above the national rate of 186.2 and West Midlands regional rate of 198.3.

Figure 45 – Children in Need per 10,000



Source: Gov.uk Explore education statistics

Within Dudley Borough the largest number of children in need aged 0 to 5, as of March 2023, were in the Dudley Central Family Hub Network area.

⁵⁶ Brandon, M., et al (2014) Missed opportunities: indicators of neglect – what is ignored, why, and what can be done? https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/379747/RR404_-_Indicators_of_neglect_missed_opportunities.pdf

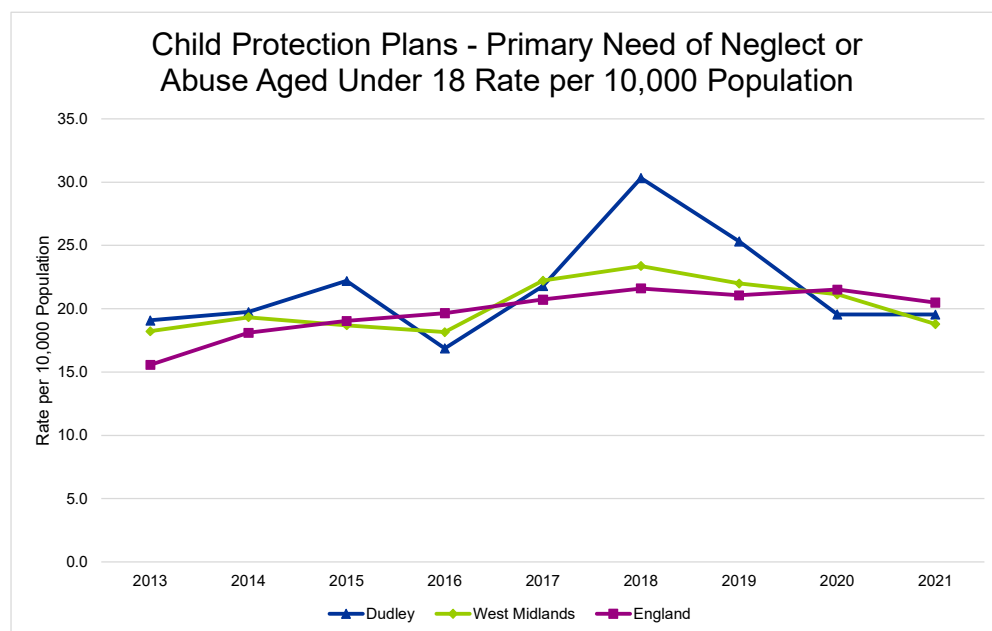
Table 28 - Number of Children in Need per FHN area

Family Hub	Count
Brierley Hill	48
Dudley Central	64
Dudley North	61
Halesowen	54
Stourbridge	23
Out of Area	8
Grand Total	258

Source: Dudley MBC

The rate of children aged under 18 with child protection plans has varied in Dudley from 2013 - it does not show a consistent trend and is similar to regional and national averages. In Dudley Borough in March 2023, there were 97 children subject to child protection plans. Whilst emotional abuse was the most common category of abuse for these children (49 children), neglect was the next most common category (37 children).

Figure 46 – Child Protection Plans per 10,000 (2013-2021)



Source: Gov.uk Explore education statistics

In March 2023 there were 143 looked after children aged 0 to 5 in Dudley. Of these 124 were classified with a category of need as abuse or neglect.

Poverty

There is a strong association between poverty and adverse childhood experiences⁵⁷. Children growing up in low-income families have worse outcomes on almost all indicators both in childhood and adulthood⁵⁸.

Direct impacts of a family's economic circumstance include the quality of housing and the food which can be bought. Areas with lower rents and house prices tend to have higher air pollution, higher crime rates and lower access to green spaces. Educational materials and opportunities such as books or visits out of the house may be less affordable. There may be less access to high quality early years provision.

Indirect impacts include impacts on the quality of the parenting. Although most parents living in poverty want to provide the best for their children, development can be affected by factors such as irregular bedtimes and lower levels of being read to, which are related to socio-economic status and intergenerational culture. These factors can be improved with focused parental education and support.

Significant and prolonged economic hardship can increase family stress through debt and financial strain, poor housing, and less safe neighbourhoods. Parental stress and distress impacts on capacity for nurturing, sensitive and responsive parenting, and ability to prioritise children's needs.

In Dudley in 2020/21 20.2% of under 16s lived in absolute low-income families⁵⁹ which was above the national average of 15.1%, but similar to the regional average (20.0%). In the same period 24.8% of under 16s in Dudley lived in relative low-income families⁶⁰ which is above the national average of 18.5%.

For children aged 0-4 in Dudley, the proportion living in absolute low income varies by ward from 9.0% in Kingswinford and Wall Health to 35.7% in St Thomas's.

Dudley Central Family Hub Network area has the highest number and proportion of children in absolute low-income families.

Table 29 - Number of Children in Low Income Families per FHN area (2020/21)

Family Hub	Children in Low Income Families	Population	Proportion
Brierley Hill	722	3,760	19.2%
Dudley Central	1,113	4,057	27.4%
Dudley North	901	3,923	23.0%
Halesowen	620	3,638	17.0%
Stourbridge	497	3,088	16.1%
Grand Total	3,853	18,466	20.9%

Source: DWP Stat Explore

⁵⁷<https://pearl.plymouth.ac.uk/bitstream/handle/10026.1/14977/Improving%20the%20Early%20Learning%20Outcomes%20of%20Children%20Growing%20Up%20in%20Poverty%20-%20A%20Rapid%20Review%20of%20the%20Evidence.pdf?sequence=1&isAllowed=y>

⁵⁸ Marmot, M. Fair society, healthy lives : the Marmot Review : strategic review of health inequalities in England post-2010. (2010) ISBN 9780956487001

⁵⁹ Below 60% of the average median income in 2010/11 adjusted for inflation

⁶⁰ Relative low income sets a threshold as 60% of the UK average (median) income and moves each year as average income changes.

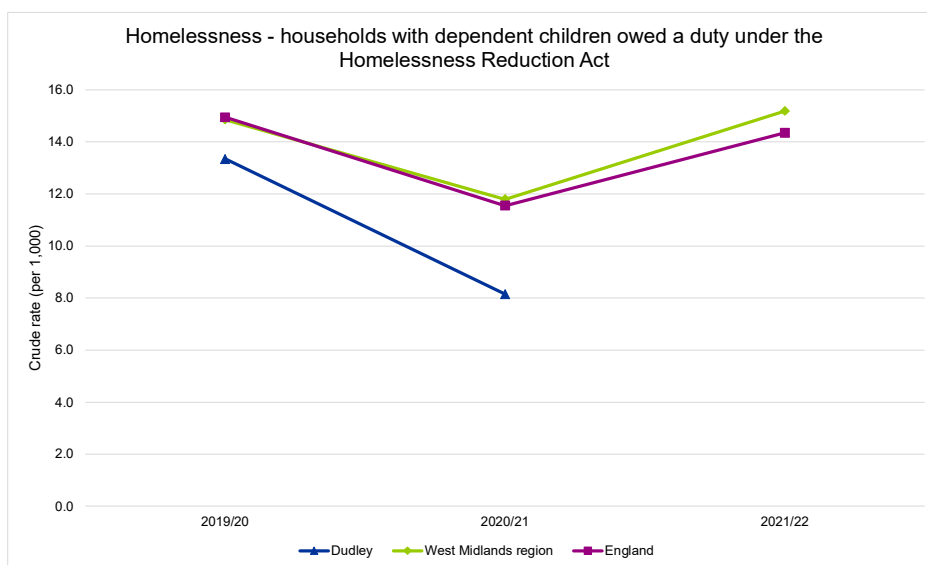
Homelessness

Homelessness is associated with severe poverty and is a social determinant of health. It often results from a combination of events, including relationship breakdown, the birth of a child, overcrowding, debt, and ill health.

The rate of households with dependent children owed a duty under the Homelessness Reduction Act was significantly lower in Dudley (8.2 per 1,000 households with dependent children) in 2020/21 when compared with regional (11.8 per 1,000) and national figures (11.6 per 1,000).

Dudley has one of the lowest rates of homeless families compared with other local authorities in region and statistical neighbours. However, it is becoming more common for neighbouring authorities to place homeless families into temporary accommodation within the borough.

Figure 47 – Households with Dependent Children Owed a Duty Under the Homelessness Act

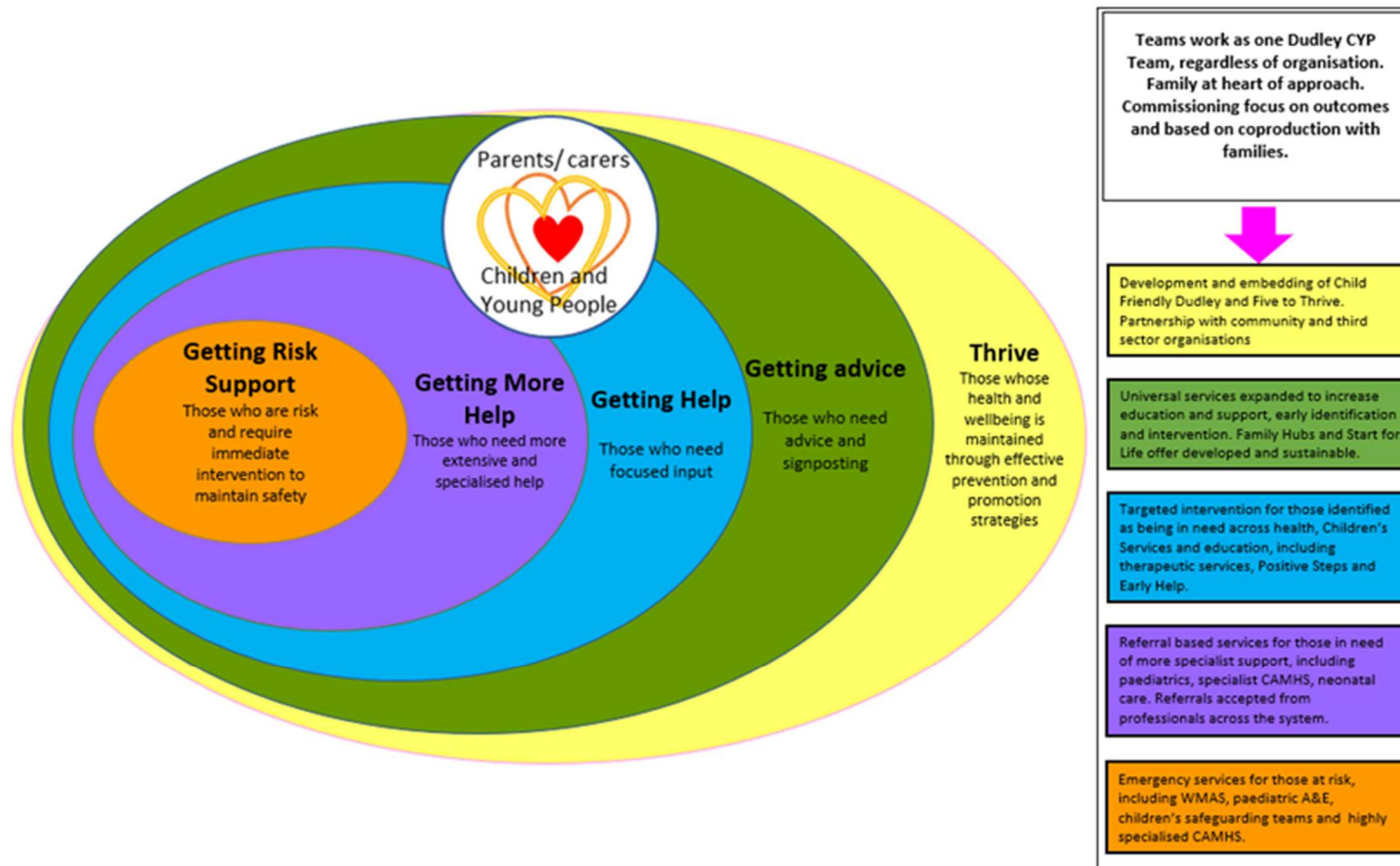


Source: OHID Fingertips

Current Universal Provision

Services can be grouped according to the Dudley model. It is noted that many services will work with families across varied levels of need, targeting those infants, children, young people, and families where and when the additional support is required.

Figure 48 - Dudley model for children and young people, adapted from the iThrive model



Health Services

Scope	Service	Summary	Unmet Needs or Gaps
Universal	Child Friendly Dudley	A child rights approach to make the borough a child friendly place	Not yet implemented, funding agreed to progress this programme
Universal	Five to Thrive	Ensuring all early year's settings and those working with infants and young children are working in a way to promote best practice. The five to thrive building blocks describe a sequence of relational activities that build healthy brains in young children and maintain healthy brain function throughout life.	Currently being implemented throughout the Dudley workforce. Will require champions to push forward this service within the Family Hubs.
Universal	Universal maternity care	From first trimester to postnatal period, named community midwife and maternity care in line with NICE best practice guidance	Pressure on services, lack of continuity of carer. Postnatal services predominantly clinic based.
Universal	Midwifery – Whooley questions and Generalized Anxiety Disorder scale (GAD-2)⁶¹,	A flexible, strengths-based, evidence-based tool that provides a structure to understand the emotional health of a mother. This tool is used to trigger further assessment should the mother answer in certain ways. This then leads to a well-informed decision and action around family need.	Reliable data in this area is hard to quantify due to data only being available from midwifery for Dudley residents booked in within the DGFT.
Universal	Healthy Start Vitamins	Packs of vitamins are given to women at their initial scan (11-14 weeks gestation) and women are signposted to pharmacies where they can purchase vitamins or exchange coupons. Promotion throughout pregnancy up to child's 4th birthday	We do not have evidence that the vitamins are taken by the women. No routine option to give out free children's vitamins

⁶¹ NICE (2020) Antenatal and postnatal mental health: clinical management and service guidance <https://www.nice.org.uk/guidance/cg192/chapter/Recommendations#recognising-mental-health-problems-in-pregnancy-and-the-postnatal-period-and-referral-2>

Universal	Promotional guides (antenatal and postnatal)	Standard promotional guides available from partners in Lullaby trust, UNICEF and more on a range of public health messaging.	None
Universal	Health Visitor Antenatal contact	Antenatal contact as per Healthy Child Programme, offered to all mothers and delivered at home. Pathway with maternity provider to ensure robust communication between Midwifery and Health Visiting.	% of routine contact is low, especially in the areas that need it the most. Inconsistent communication / relationships between health visiting and midwifery.
Universal	Health Visitor New Birth Visit	New Birth visit as per Healthy Child Programme. Offered to all new births and delivered at home. Various pathways with other services i.e., Family Hubs, mental health services, voluntary services	Families with babies on neonatal are not being seen, these parents are likely to have un-met/additional needs. Other pathways not available to neonates.
Universal	Health Visitor introduction to solid foods	Optional group to provide families with information and advice about how to introduce children to eating solid foods. Attendance advised when child is around 4 months old. Forms part of Healthy Weight and Infant Feeding pathways.	Expansion is required across the Family Hub Network to ensure that vulnerable families are able to access a group at a time / location to suit their needs.
Universal	Public Health Maternity Support Workers	Maternity Support Workers see all women after their 12-week dating scan and give health promotion advice and support and make referrals	We are unable to evidence the main outcome of this service which is to release midwife time to have difficult conversations relating to Public Health or do more in-depth work in this area.
Universal	Child Health Clinics	Drop-in clinics for parents to get baby weighed, measured and discuss any concerns / ask for advice. Always well attended across the service.	Expansion is required across the Family Hub Network to ensure that vulnerable

			families are able to access a group at a time / location to suit their needs Supported self-service options should be available to reduce demand on clinics an offer an alternative for families in need of reassurance only.
Universal	FLO	Texting service to promote attachment and bonding antenatally and support breastfeeding postnatally. Provided by Simple Telehealth.	Expansion to include text messaging to Dads / Significant others to be explored as a potential gap.
Universal	Breastfeeding Peer Support	Training and support of volunteers to run community-based breastfeeding groups.	Expansion is required across the Family Hub Network to ensure that vulnerable families are able to access a group at a time / location to suit their needs.
Universal	Health Visitor Maternal Mood Review 6–8-week review	Maternal mood review at 6-8 weeks post birth as per Healthy Child Programme. Offered to all mothers and babies and delivered at home. Various pathways with other services i.e., Family Hubs, mental health services, voluntary services. All information can be found in the Perinatal Mental Health Pathway. Close communication with GP and mental health services, further visits can be arranged as required to support mum and baby. Baby review also carried out during visit. Whooley questions and Generalized Anxiety Disorder scale (GAD-2) are suggested within NICE guidance for inclusion at this universal visit.	Reporting of this data needs to improve so better understanding of need can be quantified.
Universal	DadPad	A universal app available to all fathers and co-parents with a Dudley Postcode. The app holds aims to give non birthing partners the knowledge and practical skills that you need to promote giving baby the best start in life. The benefits include:	Full role out of the app and the associated resources in process. Data not available on impact at this early stage.

		<ul style="list-style-type: none"> • Reduce paternal anxiety by getting involved and gaining in confidence • Teaching fathers/co-parents how to create a strong bond and healthy attachment with their baby • Helping to build stronger family relationships by sharing the load and learning how to parent together • Promoting how to recognise the signs of postnatal depression and learning how to get help early <p>There is a hard copy of the information available for those meeting criteria.</p>	
Universal	Family Healthy Lifestyle Service	Children/families can access support and advice on healthy eating/physical activity/weight management from the Family Healthy Lifestyle Service (6 – 8 sessions of 1 to 1 support for each family). Provision of this service is across all Family Hubs.	Evidence of training regarding child weighing in early years. Implementation of an evidence-based programme to prevent childhood obesity.
Universal	NSPCC A Guide for Expectant Parents – our first 1001 days together.	A guide to help expectant parents have a healthy pregnancy and provide parenting support and guidance up to the child's 2 nd birthday. The guide uses a traffic light system to highlight good parenting and potential neglectful parenting. Written in collaboration with the NSPCC the guide is available for all parents electronically and for targeted parents a hard copy will be available.	Will be embedded into practice from April 2023
Universal	Solihull Approach antenatal offer	The Solihull Approach antenatal online course gives parents practical information about pregnancy and birth whilst at the same time introducing them to their baby. Evidence based it explains how and why those around this baby are so important, whether they are the mother, father, partner, grandparent or birth partner. It integrates the traditional information given on an antenatal course with a new approach to starting their relationship with this baby before the baby even makes an appearance.	Increase participation through the Family Hub network

Child Development Services

Scope	Service	Summary
Universal	Dudley Integrated Early Years Service (IEYS)	The three teams across Early Years (Specialist Early Years' Service, the Childcare Strategy Team and the Early Years Advisory Team) have come together to form the Integrated Early Years' Service offering support to children and families in the Early Years. The newly designed service is moving to a cluster-based model. The five multi-skilled teams will be based within the five clusters across the borough (Dudley North, Dudley Central, Brierley Hill, Stourbridge, and Halesowen) aligning with our Family Hubs, this is so that the service can continue to be a visible presence in the community and allow the right support to be directed to children, families, and settings at the right time.
Universal	Black Country Early Outcomes website:	Website for parents/carers and professionals with multiple Speech, language and communication (SLC) resources and produces, developed as part of the BCEO Project
Universal	Health visitor 9–12-month review:	9–12-month development review as per Healthy Child Programme. Offered to all families and can be delivered at home or within a clinic setting. ASQ3 tool used for all developments. Various pathways with other services i.e., Family Hubs, mental health services, voluntary services
Universal	2-2.5 years (Integrated) Review (Health Visiting and Early Years providers)	ASQ assessments and integrated reviews. Education providers provide information re two-year-olds who may be eligible for an integrated review to health. Guidance and support around assessment including the statutory two-year-olds checks, and integrated reviews Area SENCOs offer child observations with parental consent and advise setting SENCOs and parents about referrals.
Universal	Uptake of 3- and 4-year-old funded early education entitlement (15 hours)	Promoting funded nursery provision for 3- and 4-year-olds to ensure children are accessing high quality early education prior to reception. Ensuring sufficiency of places and choice across sectors for parents. Access to information about providers via the Family Information Service.
Universal	Family centres	Family centres are located within the five clusters across the borough and based within areas of high need. Police, Housing, health, community voluntary sector and other local services are integrated within the centres. Families can visit the centres face to face to obtain support and foot fall data is used to evidence and monitor the number of direct requests for support received at the centres. A variety of evidence-based interventions are delivered from the family centres such as; Triple P Parenting, Family Group Conference, Solihull Parenting approach, Non-Violence and Resistance Training, GCP2. Restorative Practice is a relationship and strength-based approach that embodies a set of core beliefs, principles, and a way of being with people that proactively promotes building a sense of community and developing social capital.

Current Targeted Provision

Health Services

Scope	Service	Summary	Unmet Needs or Gaps
Early Targeted	Healthy Start coupons/Vouchers	Means tested national for women 10 weeks pregnant or have a child under 4 to: * Buy healthy foods such as milk, fruit or vegetables * Get free vitamins	The cost-of-living crisis will mean that families just above the threshold may need to access food banks. Family Hub Network should be able to dispense vitamins to families.
Early Targeted	IHV Perinatal Mental Health and Infant Mental Health training (2-day training for HVs), ACEs	The institute of Health Visiting deliver training on Infant Mental Health and Perinatal mental health. The training looks at the following modules: <ul style="list-style-type: none"> • Transitions to parenthood – his, hers and theirs • Building relationships • Infant observations • Parallel processes • Perinatal mental illness and why it matters • Recognition and detection of perinatal mental illness • Impact of parental mental health on the infant • Safeguarding and risk • Networks and pathways • Everyone’s business: your role, communication and interventions Adverse Childhood Experiences (ACEs) can include physical and emotional abuse, neglect, caregiver mental illness and household violence. Research has shown that ACEs can have an impact on the determinants of health for a growing child. Training is available on ACEs through the Violence Reduction Partnership.	Expansion for learning in this area is required across the Family Hubs network. There is an emphasis on the parent infant dyad.

Early Targeted	Solihull Approach	Provides a model for understanding the impact of relationships on health and wellbeing and the impact of adverse childhood experiences on health and wellbeing	Foundation level only. Evidence based practice but unsure of quality assurance.
Early Targeted	Mom's Mindful Hub	A Dudley based Non-Profit Organisation to help and support parent's mental health and well-being. They offer a range of groups and activities offering peer support and signposting.	Expansion is required across the Family Hub Network to ensure that vulnerable families are able to access a group at a time / location to suit their needs
Early Targeted	Family Healthy Lifestyle Service	Children/families can access support and advice on healthy eating/physical activity/weight management from the Family Healthy Lifestyle Service (6 – 8 sessions of 1 to 1 support for each family). Provision of this service is across all Family Hubs.	
Early Targeted	School Nurse Service	Children/families can be referred to their school Nurses for 1 to 1 support and advice on healthy eating/weight management (overweight children in Reception are targeted through the National Child Measurement Programme)	Service stretched
Early Targeted	Specialist Infant Feeding Midwife and Community Breastfeeding Support Workers	Specialist Midwife for Infant feeding in place. Community support workers to support BF as referred and in target groups (post caesarean for example)	With development of Family Hubs, there is a need to ensure that there are appropriate facilities to support these groups.
Early Targeted	4 Mental Health First Contact Practitioners (2 more to be recruited)	Based in PCNs and working within GP practices. Two have PMHT experience. They can refer onto the Listen and guidance service within PCNs for social prescribing.	Expansion is required across the Family Hub Network to ensure that vulnerable families are able to access a group at a time / location to suit their needs
Early Targeted	Home Start Dudley	National Charity supporting families struggling with post-natal depression, isolation, physical health problems, bereavement and many other issues receive the support of a volunteer who will spend around two hours a week in a family's home supporting them in the ways they need.	Can only support a small caseload Service is reliant on volunteers

Early Targeted	Video Interactive Guidance⁶²	Whilst this is an early targeted intervention, this is only offered to mothers and infants within the perinatal MH service in Dudley at present (i.e., those with mod-severe problems) so needs to be grouped within Targeted specialist in terms of current offer	Can only support a small caseload until training is rolled out. Un-met need is likely to increase identification of Tier 2 +
Early Targeted	IAPT Perinatal Mental Health Leads	Whilst this is an early targeted intervention, this is only offered to mothers and infants within the perinatal MH service in Dudley (i.e., those with mod-severe problems) so needs to be grouped within Targeted specialist in terms of current offer	Continued conversations with IAPT required. Parent and Infant Emotional Wellbeing Health Visitor posts have been recruited to, supporting networking, and taking on more universal early intervention.
Targeted Specialist	Health in Pregnancy Support Service	Support Workers employed by DGH embedded in the midwifery team offer women identified by Community Midwives as smokers and / or with a high BMI 1:1 support to: <ul style="list-style-type: none"> • Quit Smoking/be smoke free, • be active • eat well to gain the appropriate amount of weight, • take healthy start vitamins • to feed responsively, promoting breastfeeding as the norm 	Although this operates as an opt out service, not all women take up the offer so there is potential for a gap. The caseloads have increased since covid, possibly due to women self-isolating, and more virtual appointments making contacts easier. The service was set up in 2011, with an aim for a caseload of 70, per HPSS practitioner (there are 6.8 WTE). In 2022, the caseloads are over 100, with a snapshot in February revealing that around 900 women were being helped by the service.

⁶² Video Interaction Guidance is an intervention through which a practitioner uses video clips of authentic situations to enhance communication within relationships. It works by actively engaging clients to develop better relationships with those who are important to them. X2 CNNs within the PMHT trained to deliver VIG. VIG is an evidence-based intervention through which a practitioner uses video clips of authentic situations to enhance communication within relationships. It works by actively engaging clients to develop better relationships with those who are important to them.
Circle of Security (individual and group intervention): Training intervention - CofS is a central visual focused on helping caregivers reflect upon children's attachment needs in order to promote secure attachment with a child. Helps with understanding how secure parent-child relationships can be supported and strengthened.

			<p>Of women who smoke around 65% engage, and 65% of those who engage with the service quit.</p> <p>Regarding management of weight in pregnancy, around 70% keeping within guidelines for weight gain- there need to be some work to understand reasons for not engaging with the service.</p>
Targeted Specialist	FNP – New Mum Star	<p>New mum star (NMS) is an assessment tool which includes wellbeing and connecting with your baby. The tool is used as a minimum at 3 specific times throughout the programme.</p> <p>The tool is made of up the following 9 prongs:</p> <ul style="list-style-type: none"> • Life skills • Your health and wellbeing • Looking after your baby • Your baby’s development • Safety and stability • Connecting with your baby • Relationship • Family and support networks • Goals and aspirations 	<p>Licensed only for use within the FNP programme which assists trained staff to provide tailored support for clients 19 years old and under or under 25 years old if they have been looked after.</p>
Targeted Specialist	FNP – DANCE Assessment	<p>Dyadic Assessment of Naturalistic Caregivers- Child Experiences (DANCE Assessment)</p> <p>DANCE is a specialist tool to look at the sensitivity and responsiveness of the caregiver towards their child. This is a detailed assessment which is then used by the FNP nurse to provide further input with regards to the PIPE programme (A Parenting programme within FNP)</p>	<p>Licensed only for use within the FNP programme which assists trained staff to provide tailored support for clients 19 years old and under or under 25 years old if they have been looked after.</p>

		This assessment includes aspect such as scaffolding of the child's play, pacing and intrusiveness.	
Targeted Specialist	Missing immunisation administration	Follow up of children who have missed immunisation by Domiciliary Immunisation Service. Records received monthly from Child Health Information Services	Between January and August 2021, 394 cases of missed immunisations were followed up, resulting in 136 vaccinations being given.
Targeted Specialist	Perinatal MH Peer Support Workers	x2 Peer support workers funded by Action on Post-partum Psychosis (APP) charity and attached to the PMHT. One allocated to work across Sandwell and Dudley. The offer 1-2-1 support via telephone, video and face to face (outside the home). Planning to run support groups and to build BC APP volunteer network. Link closely to the MBU in Birmingham. Referrals received via PMHT multidisciplinary team, or by self-referrals of referrals by HVs and MW via APP.	Charity funded.
Targeted Specialist	Birth Reflection Service	Reflective discussion between midwife and parents on events surrounding labour and birth which may be causing worried or distress. Intervention intended to help bring some clarity, understanding and resolve any unanswered questions.	Currently only support women could be expanded to support partners.
Targeted Specialist	CONI /CONI Plus	Additional support for families that have experienced a SIDS or if a close relative has experienced a Child Death.	None
Targeted Specialist	Targeted Specialist Educational Psychology Service	Specialist perinatal team Dudley and Sandwell are a single point of access that receive referrals from midwives, health visitors and GPs. The overall aim of the team is to help the maternal mental health, and/or prevention of deterioration, whilst promoting the care and developing relationship with the infant or unborn child. Service includes assessment, care coordination, medical, psychology and occupational health, nursery nurse, peer support. They facilitate onward referral MH inpatient, Psychiatric Liaison, Mental Health Services (CMHT), Primary Care MH, IAPT, Specialist Midwives.	Referral pathways within mental health require mapping for the Family Hubs.

Targeted Specialist	Under 5 CAMHS Clinic	There is a monthly assessment panel held with the multidisciplinary team. Decisions are made to either get support with the ASD team, have support with the paediatrician or receive specialist under 5 CAMHS support from a psychologist.	Under 5 CAMHS support is limited. It is not clear as to the referral pathways and further This is a new single point of access and getting the message out there is in its infancy.
Targeted Specialist	Stork	STORK is an interactive empowerment programme for parents, families, and carers of new-born babies in the Midlands. It is aimed at reducing the risks for infant mortality. The Programme helps people understand some of the important risks for infant mortality in the region, and to provide information around key skills and knowledge that could help keep their baby safe, especially in the first few months of life.	None

Child development

Early Targeted

Baby Steps (locally designed parenting education programme, Health Visitor postnatal group): A perinatal educational programme. It's designed to help prepare people for becoming parents, not just for the birth itself. Starts with a home visit in the seventh month of pregnancy and then includes six group sessions, one each week before the baby is born. After the baby is born, the family is visited again at home, and then there are three more group sessions. Groups are led by someone who works in children's services, like a family support worker, and a health visitor or midwife. Postnatal group offered to all first-time parents. The group covers play, feeding, development, healthy lifestyles and the opportunity to meet other new parents. Various pathways with other services i.e., Family Hubs, mental health services, voluntary services if a need is identified. This programme has not been reinstated since Covid due to staffing capacity issues.

First Words Together: Adapted from National Literacy Trust's Early Words Together⁶³, this programme aims to support children who may need help with communication before the age of two. The First Words Together programme builds knowledge and confidence in early years practitioners and professionals. It also develops the skills and confidence of parents and carers, enabling them to consistently support their child's early speech, language and communication.

Time for 2: Uptake of funded nursery provision for eligible 2-year-olds: Eligibility criteria is used to identify disadvantaged children. Range of publicity promotes access to funded 15 hours at an early year's provision of parent's choice and the benefits of early education. Parents able to seek information about providers via the Family Information Service.

Early Years Pupil Premium: Early Years Pupil Premium (EYPP) was introduced for some funded three and four-year-olds taking up their place either in a maintained nursery or within a PVI setting. EYPP provides additional support to disadvantaged children whose parents are in receipt of benefit or Children who are Looked After. Toolkit produced and distributed to the early year's providers.

Offer of additional 15 hours childcare for three-and four-year-olds whose working parents are eligible: This DfE intervention enables working parents that meet criteria to access up to an additional 15 hours of free childcare in an appropriate childcare setting.

⁶³ <https://literacytrust.org.uk/programmes/early-words-together/>

Talking Tots: A 6-week Speech, language and communication programme for targeted families, delivered by health visiting. Interactive classes that gently boost preschool children's communication and social skills. Speech and language therapy supported universal intervention for families. This programme has not been reinstated since Covid due to staffing capacity issues.

Transition intervention for identified children on entry to reception by Educational Psychology Service: Children identified who may struggle with transition to school and could be at risk of exclusion. Under 5s Educational Psychology Support in place– working with SEYS & Area SENCos to identify 'vulnerable under 5s' children with complex SEND needs, notably SEMH needs. Specialist support to promote positive outcomes & improved life chances. Identification of barriers to learning & progress. Positive feedback from parents/carers & EYs practitioners. Provision of Play Therapy for children with significant SEMH needs, who are at risk of exclusion.

I CAN' Early Talk Boost' intervention: Education providers can apply for Early Years Inclusion Funding to enhance provision through resources, training for staff or additional staffing to support children with emerging or lower level SEND to make accelerated progress. The Early Talk Boost resource pack provides a screening tool and series of small group teaching sessions that will boost language development and can be purchased if applications for funding are made. The LA has an accredited trainer and offers free training

Safeguarding children

Universal

Family Hubs: Family Hubs are located within the five clusters across the borough and based within areas of high need. Police, Housing, health, community voluntary sector and other local services are integrated within the centres. Families can visit the centres face to face to obtain support and foot fall data is used to evidence and monitor the number of direct requests for support received at the centres. A variety of evidence-based interventions are delivered from the family centres such as; Triple P Parenting, Family Group Conference, Solihull Parenting approach, Non-Violence and Resistance Training, GCP2. Restorative Practice is a relationship and strength-based approach that embodies a set of core beliefs, principles and a way of being with people that proactively promotes building a sense of community and developing social capital.

Early Targeted

Safe Families: Commissioned to offer a peer support to families needing support that might reach statutory level if not helped. All referrals made and triaged by the Early Help service. Project currently has 50+ skills volunteers. Approx 30 families supported per annum for between 3-6 months.

Home Start: Home-Start is a local community network of trained volunteers and expert support helping families with young children through their challenging times by offering home visits and practical advice and support to families.

Early Help: Early Help relies upon local agencies working together to:

- Identify children and families who would benefit from Early Help;
- Undertake an assessment of the need for Early Help; and
- Provide targeted Early Help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

Targeted Family Support: A team of targeted Family Support Workers are based in each Family Hub with a Targeted Youth worker in each team to provide early support where family's needs are more complex and require more intensive intervention. A small team of Early Help Enablers work with partners to support delivery of high-quality Early Help Assessments and whole family working. The family centres coordinate cluster based Multi-Agency Action Meetings, where family needs are discussed, lead practitioners identified, and help is coordinated.

Family Nurse Partnership: Specialist HV support for first time young mums and care leavers

Targeted specialist

Graded Care Profile 2 (GCP2) and GCP2 antenatal: Assessment tools for neglect - licenced 1-day training by NSPCC. Tools used with any family where neglect is suspected and support to improve is required. The GCP2 antenatal is used in the antenatal period up to 14 days postnatal and GCP2 is used where pregnancy is not a factor and after 14 days postnatal if concerns are still present.

Transition Support: Housing for young parents (16-24 yr. olds) who were previously in local authority care in a 9-bedded unit

Family safeguarding model - is the vehicle we are using to progress from our latest Ofsted inspection judgement to the next stage of our improvement journey as we work towards being a 'good' authority. Whilst there will be specific Family Safeguarding teams, this is an opportunity for all teams to introduce new ways of working into their day-to-day.

We aim to adopt the principles of Multi-Disciplinary working and Group Supervision across all areas. We will also use Workbook recording across a number of areas, in addition to Family Safeguarding teams.

Further detail on what is involved with Family Safeguarding can be found here on CPP website⁶⁴.

⁶⁴ <https://www.dudlevcpp.org.uk/dudlevfamilysafeguarding>

Local Service Data

Further work is needed to understand caseloads and to map service outcomes. From this review, much of the service data currently collected would appear to be “process” rather than “outcome” metrics. The current procurement of child services and FH/SfL transformation work is an opportunity to set outcomes-based commissioning priorities. Outcome measurements should be meaningful, and not place a burden on providers, therefore automation of reporting processes could be explored.

Maternity

Table 30 - Staffing levels within the community midwifery team

Township	Team leaders in post	Community Midwives in Post	Current Caseloads <i>(Note: calculation per community midwife excludes team leader)</i>	Yearly caseload estimate
Dudley North and Dudley Central combined	0.8 WTE band 7	6 WTE / 7 Midwives. 0.6WTE on Maternity leave	572 (±106 per midwife,)	940
Stourbridge	1.0 WTE band 7	4.4 WTE/ 6 midwives	311 (±71 per midwife)	500
Halesowen	1.0 WTE band 7	5.8 WTE / 8 Midwives. 0.8 on Maternity leave	543 (±109 per midwife)	920
Brierley Hill	0.8 WTE band 7	4.6 WTE/ 6 Midwives. 0.8WTE on maternity leave	490 (± 128 per midwife)	850
Vacancy information: Current vacancy is calculated across community as cross cover is provided between teams. Current vacancy is 1.2 WTE however interviews underway and recruitment is expected to fill and over establish				

Current community midwifery caseloads in Dudley Borough range from 71 to 128 women per midwife. Brierley Hill community midwives hold larger caseloads than would normally be expected for a ‘standard community midwifery team’ model (between 100-120 per 1 WTE midwife). In a ‘continuity of carer’ model, caseloads would be limited to no more than 60 women per community midwife. With current midwife shortages in Dudley Borough, there has been a suspension of the roll-out of a continuity of carer model - until it can be demonstrated that sufficient staffing levels have been reached to meet safe minimum requirements. This is in line with Ockenden report (2022) recommendations.

It is recommended that the midwifery service undertakes further analysis of community midwifery caseloads using an agreed and tested approach to calculation.

Health Visiting

The Institute for Health Visiting recommends that a health visitor’s caseload should not exceed 250 children - to ensure “delivery of a safe service”. This caseload limit is also supported in the Marmot Review (2010). However, in Dudley Borough, all health visitors currently hold caseloads that exceed this recommended level, even when band 5 capacity is included.

The largest caseloads are currently being held by the Dudley Central health visiting team, who work in a location with higher deprivation and need. The smallest caseloads are held by the Stourbridge team despite this being an area of lower deprivation and need. (Note: staffing numbers were not available from the Halesowen team at the time of this needs assessment).

The ‘Targeted’ and ‘Specialist’ caseloads (combined) - as a proportion of total health visiting caseloads - ranged from 10.8% to 14%. This is lower compared to some other areas contacted in the West Midlands (which average 20-25%). The lowest proportion of combined targeted and specialist caseloads is in the Dudley Central Team, which conversely serves a population of higher risk and need. These findings suggest an under identification of need and intervention support. Note: the caseloads in table 31 below are likely to be an underestimate for health visiting, as they have been calculated on combined health visitor and family nurses numbers. FNP caseloads are limited to 25 young families per WTE family nurse therefore future analysis should exclude FNP.

It is important to recognise that Dudley Borough’s health visiting teams and caseload allocations do not directly match the boundaries and geographies of Family Hub Network areas. **It is recommended that the service provider undertakes more analysis of health visiting caseload data and re-assesses staffing and caseload allocations in line with levels of expected need (i.e., adding capacity and time to those teams working in areas of highest deprivation and need).**

Table 31- Staffing levels and caseloads within Dudley Borough’s Health Visiting Team

Health Visiting Team	Team leaders in post	Health Visitor/ Family Nurses in post	Health Visitor Vacancies	Band 5	Nursery Nurses	Admin	Overall Caseloads	Breakdown of Caseloads			
								Universal	Targeted	Specialist	Targeted + Specialist (%)
Dudley North	1.0 WTE per team	Current staffing 7.8 WTE	1.4 WTE	1.0 WTE	2.0 WTE	1.4 WTE	3236 (414 per HV, or 367 if including band 5)	2783	190 5.9%	263 8.1%	453/ 3236 14.0%
Dudley Central	1.0 WTE per team	current staffing 5.2 WTE	3.8 WTE	1.0 WTE	2.6 WTE	1.2 WTE	3456 (664 pr HV, or 557 if including band 5)	3082	204 5.9%	170 4.9%	374/ 3456 (10.8%)

Stourbridge	1.0 WTE per team	current staffing 9.5 WTE	0.5 WTE	1.0 WTE	2.0 WTE	1.2 WTE	3192 (336 per HV, or 304 if including band 5)	2835	196	161	357/ 3192
									6.1%	5%	(11.2%)
Halesowen	1.0 WTE per team	Not reported	Not reported	1.0 WTE	2.6 WTE	1.6 WTE	3501	3068	184	249	433/ 3501
									5.3%	7.1%	(12.4%)
Brierley Hill	1.0 WTE per team	current staffing 10.5 WTE	1.6 WTE	1.0 WTE	2.6 WTE	1.6 WTE	4285 (408 per HV, or 372 if including band 5)	3762	258	265	523/ 4285
									6.0%	6.2%	(12.2%)
Additional staffing details: HV Students 2.0 WTE total											

Health Visiting service vacancies are creating a significant strain across the borough in delivering the Healthy Child Programme. Ultimately this will impact on outcomes for families. Table 32 illustrates the impact current health visiting service staffing shortages are having on the provider's ability to deliver against mandate contact threshold targets. This is not unique to Dudley Borough, as the whole Black Country and West Midlands region are experiencing similar health visitor staffing shortages.

Table 32 – Achievement of Mandated Health Visiting Contacts as part of the HCP

Health Visiting Quality Requirement	Threshold	% Achieved 2020/21	% Achieved 2021/22	% England 2021-22
Percentage of births receiving a New Birth Visit within 14 days	95%	92.1%	87.2%	82.6%
Percentage of births receiving a New Birth Visit after 14 days	-	5.4%	9.5%	
Percentage of children who receive a 6–8-week review	95%	89%	88%	81.2%
Percentage of infants with recorded breastfeeding status at 6-8 weeks	100%	96.8%	96.9%	
Percentage of infants being totally or partially breastfed at 6-8 weeks	-	43.5%	43.4%	
Percentage receiving a 12-month review by 12 months	95%	87.1%	82.2%	81.9%
Percentage receiving a 12-month review by the time they turned 15 months	-	92.2%	93.2%	
Percentage of children who received a 2-2.5-year review	95%	86.4%	80.1%	74%

Family Nurse Partnership

The Family Nurse Partnership (FNP) is a home-visiting programme for young mothers expecting their first child, delivered by highly trained and supervised nurses or midwives. The FNP programme has three goals: 1) to improve pregnancy health and behaviours; 2) to improve child health and development by helping parents provide responsible and competent care; and 3) to improve economic self-sufficiency by helping parents plan for their own and their baby's future.

The current overall caseload of FNP in Dudley Borough is 200 clients. Family Nurses have restricted maximum caseloads of 23 clients. The Dudley workforce is detailed in Table below (2019-20).

Table 33 – FNP Workforce between 2019 - 20

The Team	WTE	Head count
Supervisor	1.0	1
Family Nurses	8.0	9
Quality Support Officers	1.0	2

100% of the clients enrolled onto the FNP programme in Dudley are from Lower-Level Super Output Areas of deprivation.

Table 34 - Breakdown of FNP clients enrolled by postcode

POSTCODE	AREA	Percentage Enrolled July 2017 – June 2018	Percentage Enrolled July 2018 – June 2019
DY5	BRIERLEY HILL	20%	31%
DY1	DUDLEY	25%	14%
DY2	NETHERTON	14%	18%
DY9	LYE & WOLLESCOTE	1%	6%
DY3	SEDGLEY	12%	5%
DY8	STOURBRIDGE	3%	8%
B63	HALESOWEN	7%	11%
DY6	KINGSWINFORD	3%	6%
WV14	BILSTON	6%	5%

In 2018-19. 48.4% of FNP clients in the antenatal period had a social care footprint. Of the 0–2-year-olds on the programme, 6.8% with a Child Protection Plan, 3.4% with a Child in Need Plan, giving a total of 10.2% of children with a social care footprint. This is a reduction on previous years and has a long-term cost saving for Dudley as family nurses strive to ensure strong attachments with the baby are developed, reducing safeguarding risks and breaking intergenerational safeguarding concerns.

In infancy and toddlerhood, outcomes to note are; 54.5% of clients breastfeed following delivery, 92.3% of our clients at 24-months infancy used contraception most or every time (National Unit data 84.6%) and clients using Long-Acting Reversible Contraception was 51.4% (National Unit data 45.6%).

100% of FNP babies are fully immunised at 24-months of age and Dudley's A&E attendances and hospital admissions are consistently below National Unit data for this client group.

It is recommended that all core services within the Family Hubs & Start for Life programme come together to revisit current caseload and geographical boundaries and develop one consistent set of postcodes for each of the Family Hub Network areas.

Conclusions

- Dudley Borough is diverse in terms of socioeconomic status. For some metrics, such as rates of low birth rate and childhood dental decay, areas of health “bring up the average” and mask areas of poorer outcomes. Increases in poverty and cost of living is likely to widen this disparity.
- In common with national and regional trends, Dudley Borough is not achieving the 50% reduction in perinatal and infant mortality outlined by government. In common with several geographies in the West Midlands, infant mortality is increasing with 40 babies dying before their first birthday between 2019-2021. This is a key indicator of health and needs urgent attention.
- Breastfeeding rates at birth and 6-8 weeks are well below geographical and statistical neighbours.
- Health services are operating at capacity and are stretched, as are practitioners in the early help and early year’s workforce. Integration is required to reduce duplication, siloed working and release capacity across all areas.
- We have seen improvements in the rates of smoking at the time of delivery though this is still above the 6% national ambition. We currently have insufficient data on post-natal relapse rates. Smoking in pregnancy remains a major cause of perinatal mortality.
- Despite significant investment in setting-based universal and targeted interventions for childhood obesity, rates have increased consistently, and this is in common with other parts of the region.
- Dudley performs better than other regional neighbours in certain metrics such as immunisations, tooth decay and emergency admissions.
- Evidence from the FNP service has shown a reduction in the number of 0–2-year-olds involved in the programme requiring input from children’s social care. Lessons from areas of good practice should be shared routinely and widely.
- Dudley performs below the national average in several areas. Breastfeeding rates, school readiness, rates of overweight and obesity in reception and rates of looked after children all require improvement.
- School readiness is also poorer than neighbours and is particularly concerning given the impact of the Covid pandemic. This area requires prioritisation.
- Our data capture is not fit for purpose and intelligence is not routinely use to make decisions. By the end of March 2025, we must be able to also provide the required data to meet the Family Hub Start for Life grant conditions.

Glossary of Terms

A&E	Accident and Emergency
ACES	Adverse childhood experiences
ADHD	Attention deficit hyperactivity disorder
APP	Action on postpartum psychosis
ASQ	Ages Stages Questionnaire
BCICB	Black Country Integrated Care Board
BMI	Body Mass Index
CAMHS	Child and Adolescent Mental Health Service
CONI	Care of next infant
CSSNBT	Childrens Services Statistical Neighbour Benchmarking Tool
DANCE	Dyadic Assessment of Naturalistic Caregiver
DFE	Department of Education
DGFT	Dudley Group NHS Foundation Trust
DWP	Department of Work and Pensions
EHC	Education health care
EIF	Early Intervention Foundation
ERP	Enterprise resource planning
EYPP	Early Years Pupil Premium
EYTA	Early Years Transformation Academy
F1001D	First 1001 days
FH	Family Hubs
FHNA	Family Hub network area
FNP	Family Nurse Partnership
FSM	Free school meals
GCP2	Graded Care Profile 2
GCP2A	Graded Care Profile 2 Antenatal
GLD	Good level of development
HADS	Hospital Anxiety and Depression Scale
HCP	Healthy Child Programme
HPSS	Healthy Pregnancy Support Service
HV	Health Visitor
IAPT	Improving Access to Psychologist Therapy
ICB	Integrated Care Board
IDACI	Income deprivation affecting children index
IEYS	Integrated Early Years Service
JSNA	Joint Strategic Needs Assessment
LMNS	Local Maternal and Neonatal System
LSOA's	Lower output support areas
MABIM	Mums and Babies in Mind
MBU	Mother and Baby Unit
NHS	National Health Service
NHSE	National Health Service England
NICE	National Institute for Health and Care Excellence

OHID	Office of Health Improvement and Disparities
PCN	Primary Care Network
PIEW	Parent Infant Emotional Wellbeing
PMH	Perinatal Mental Health
PMHS	Perinatal Mental Health Service
PTSD	Post Traumatic Stress Disorder
ROI	Return on investment
SEMH	Social emotional mental health
SEN	Special Educational Needs
SEND	Special Educational Needs and Disabilities
SEYS	Specialist Early Years Service
SFL	Start for Life
SIDS	Sudden Infant Death Syndrome
SLC	Speech, language and communication
SLI	Section led improvement
UNICEF	United Nations International Childrens Emergency Fund